

ROYAL UNIVERSITY HOSPITAL  
Saskatoon, Saskatchewan

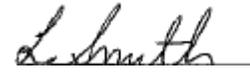
Maternal Services Policy and Procedure Manual

Number: 1300

Date: Oct 2016

Previous

Date: April 2010



Leanne Smith

Director, Maternal Services  
Issuing Authority

*Any PRINTED version of this document is only accurate up to the date of printing. Saskatoon Health Region (SHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures site for the most current versions of documents in effect. SHR accepts no responsibility for use of this material by any person or organization not associated with SHR. No part of this document may be reproduced in any form for publication without permission of SHR.*

## **POSTPARTUM TUBAL LIGATION**

### **1.0 PRINCIPLES:**

- 1.1 Any request for tubal ligation must be accompanied by full, free and informed consent. See SHR Regional consent policy # 7311-50-002.
- 1.2 All individuals have the right to decide the number and spacing of children, regardless of their race, ethnicity, religion, health status, mental capacity, social circumstances and sexual orientation.
- 1.3 The best time to make a decision about permanent sterilization is not while in hospital, in labour, immediately following delivery, or during the birth process.
- 1.4 **In order to facilitate full, free and informed consent, this discussion must occur prior to hospitalization between the patient and her care provider; documentation of said discussions must be included on the patient's prenatal record.**
- 1.5 A woman has the right to withdraw consent for a tubal ligation up to and including in the operating room. The withdrawal of consent must not be met with any pressure to continue with the procedure.
- 1.6 As an elective procedure the unit's capacity must be considered when planning for a post vaginal delivery tubal ligation. Priority for surgical time must be given to elective, urgent and emergent obstetrical cases.

## **2.0 PURPOSE:**

- 2.1 To provide safe, efficient and timely service for women requesting postpartum or cesarean section tubal ligations.
- 2.2 To ensure that the consent for tubal ligation is full, free and informed.

## **3.0 POLICY:**

- 3.1 Discussion and documentation of a postpartum tubal ligation request needs to occur prior to the patient arriving at hospital. Patient education needs to be provided prior to hospitalization.
- 3.2 **Staff are not to ask women if they are considering a tubal ligation if their desire for a postpartum tubal ligation (PPTL) is not documented on the prenatal record.**
- 3.3 Consent must be obtained prior to entering OR holding and/or the operating theatre.
- 3.4 Tubal ligations are performed seven days/week between 0800 and 1700 hrs when anesthesia and nursing staff are available. Obstetric and labour services are the first priority.
- 3.5 Tubal ligation is accommodated as staffing and workload allows, therefore, OR times are not booked until the morning of surgery.
- 3.6 Booking of this procedure is requested following delivery by the obstetric MRP. A consult to obstetrics is required from family physician and midwifery patients.
- 3.7 If the procedure is not able to be performed within 72 hours of birth the patient will be discharged with birth control information and a plan for follow-up.
- 3.8 The request for a tubal ligation must be a physician to physician referral. The MRP/designate will contact the Obstetrical surgeon on call. It is expected that the desire for tubal ligation has been discussed and documented on the prenatal record prior to admission to hospital for delivery.
- 3.9 **When a patient requests a tubal ligation the following actions should occur:**

### **3.9.1 NURSING**

If the patient expresses their interest in a tubal ligation to a maternal services nurse, the nurse should:

- 3.9.1.1 Ask the patient if she has discussed this with her care provider prior to coming to hospital.

- 3.9.1.2 If yes, then inform patient that our policy is that we will only provide a tubal ligation while in hospital if there is documentation of this discussion on the prenatal record. Check the prenatal record for documentation.
- 3.9.1.3 If there is no prenatal documentation, explain to the patient that we believe that the most appropriate time to make permanent reproductive decisions is not during hospitalization and/or during the birth process, and we do not provide immediate post-partum tubal ligations in this circumstance.
- 3.9.1.4 Nurse checks the prenatal record for documentation and informs the MRP/designate of the patient's wish for tubal ligation and the status of documentation.

**3.9.2 MRP/DESIGNATE:**

If the patient expresses their interest in a tubal ligation, or another care provider relays the patient's request to the MRP/designate, the MRP/designate should:

- 3.9.2.1 Review prenatal documentation and discuss birth control options with the patient.
- 3.9.2.2 If there is no prenatal documentation, explain to the patient that we believe that the most appropriate time to make permanent reproductive decisions is not during hospitalization and/or during the birth process, and we do not provide immediate post-partum tubal ligations in this circumstance. Provide other birth control information.
  - Discuss other methods of reversible birth control that can be used, provide a prescription as needed and plan for follow-up.
- 3.9.2.3 If there is documentation on the prenatal record that the patient has discussed tubal ligation with her health care provider, discuss the procedure with the patient.
- 3.9.2.4 If the patient confirms their request to have the tubal ligation performed, the surgeon/designate may obtain consent. Family physician and midwifery MRP/designates will consult obstetrics for the consent and surgery.

- 3.9.2.5 The MRP/designate relays the patient's request for a postpartum tubal ligation to the charge nurse so that it can be scheduled following delivery.

#### **4.0 PROCEDURE:**

##### 4.1 Postpartum tubal ligation following a vaginal delivery

- 4.1.1 Under no circumstances can a tubal ligation be performed following a vaginal delivery if there is no documentation of the request for tubal ligation documented on the prenatal record. The patient must wish to continue with their request to have a tubal ligation performed.
- 4.1.2 Patients wishing to have a tubal ligation performed can have their consent for the tubal ligation signed any time during their hospital stay by their obstetrician/designate. Family physicians and midwifery MRP/designates may consult obstetrics during hospital stay for this consent; this is to ensure that the tubal ligation requested can be performed during emergent/stat surgeries.
- 4.1.2.1 Consent **must be obtained in the patient's room, prior to transfer to the OR holding area.** Verification of documentation on the prenatal record of tubal ligation must be performed before obtaining consent. It is not acceptable to bring the patient to OR holding without consent signed.
- 4.1.3 Following delivery, it is communicated to the charge nurse that the patient requests a postpartum tubal ligation and has delivered. The patient name and surgeon (if known or specified by MRP) is written on the OR slate with no specific booking time by the charge nurse. The time for the procedure is not determined until the morning of the surgery.
- 4.1.4 Each morning the OR charge nurse/OR Team Leader will arrange an available time with the surgeon if unit resources allow. The charge nurse communicates to the team caring for the patient what time has been slotted for the tubal ligation. The charge nurse verifies with the team that the patient must be NPO for 3 hours prior to surgery, and only clear fluids 8 hours prior to surgery.
- 4.1.5 The patient comes to OR holding 30 minutes prior to the slotted time, where the surgical confirmation check is performed. Consent and prenatal tubal ligation request is verified; **if there is no documentation on the prenatal record**

**or signed consent prior to the patient coming to OR holding, the tubal ligation will be cancelled.**

- 4.1.6 The nurse completing the OR checklist will confirm that along with consent, the documentation of the desire for a tubal ligation is indicated on the prenatal record and is listed on the consent as part of the surgical procedure.
- 4.1.7 The patient shall not enter the OR theatre without the surgical confirmation and signed consent.
- 4.1.8 The OR charge nurse will promptly notify the surgeon/surgical assist, anesthesia, and the team caring for the patient when the surgery is delayed or cancelled; appropriate diet may be provided if the surgery is cancelled.

#### 4.2 Tubal ligation during a non-elective cesarean section

- 4.2.1 Under no circumstances can a tubal ligation be performed during an unplanned cesarean section if there is no documentation of the desire for tubal ligation documented on the prenatal record.
- 4.2.2 Patients wishing to have a tubal ligation performed can have their consent for the tubal ligation signed any time during their hospital stay by their obstetrician/designate. Family physicians and midwifery MRP/designates may consult obstetrics during hospital stay for said consent; this is to ensure that the tubal ligation requested can be performed following emergent/stat surgeries.
  - 4.2.2.1 Consent is obtained by the obstetrician/designate, and must be obtained in the patient's room, prior to transfer to the OR theatre. Verification of documentation on the prenatal record of tubal ligation must be performed before obtaining consent.
- 4.2.3 The nurse completing the OR checklist will confirm that along with consent, that the documentation of the desire for a tubal ligation is indicated on the prenatal record, and on the consent form.
- 4.2.4 If there is no documentation on the prenatal record, notify the MRP/Designate and the tubal ligation will be cancelled.
- 4.2.5 If there is not time to obtain consent prior to entering the operating theatre in emergent/stat situations, and no tubal

ligation consent had been performed beforehand, the tubal ligation will not be performed.

#### 4.3 Tubal ligation during an elective cesarean section

- 4.3.1 In the event of a planned cesarean section combined with tubal ligation, consent should be obtained by the surgeon prior to hospitalization and a surgical booking card submitted indicating **both** a cesarean section and a tubal ligation.
- 4.3.2 The nurse completing the OR checklist will confirm that along with consent, that the documentation of the desire for a tubal ligation is indicated on the prenatal record, and on the consent form.
- 4.3.3 The patient shall not enter the OR theatre without the surgical confirmation and signed consent.
- 4.3.4 If there is no documentation on the prenatal record, notify the MRP/Designate and the tubal ligation portion of the surgery will be cancelled.