UNIT

GUIDELINE: Postnatal Tubal Ligation – midwifery/nursing care guidelines

SCOPE: All midwives and nurses working in the maternity unit

AUTHOR: Midwifery Educator & Quality Coordinator

PURPOSE: To inform all midwives and nurses of the process of referral, consent, preparation and after care for women having postnatal tubal ligations.

DEFINITIONS: Tubal Ligation - Surgical sterilisation (tubal ligation) is a safe, highly effective, permanent, and convenient form of contraception.

GUIDELINE: Tubal ligation - midwifery guidelines

- The woman must have been referred to Antenatal Clinic by means of a referral letter from her LMC during the antenatal period.
- The woman should be given sufficient information about the procedure from her LMC and obstetrician to make an informed choice.
- The obstetrician will obtain informed consent for the procedure.
- The obstetrician and woman will decide if the tubal ligation (TL) will be performed during the woman’s post natal inpatient period or if she is for elective caesarean then during this operation.
- It is not always possible to perform postnatal inpatient tubal ligation, due to constraints of theatre time and personnel. During normal working hours, contact the obstetrician on call as soon as possible after the birth to see if a postpartum TL can be arranged. If this is not possible, a brief referral letter with relevant details should be sent to gynaecology out patients for scheduling at 6 weeks post partum if at all possible. Inform the woman she will receive an appointment in the post to be seen in the gynaecology clinic.

Tubal Ligations taking place from the Maternity Unit only:
1. During a caesarean section, at the woman’s prior informed consent.
2. Postnatally if this is available, see above.

NB. If the woman is having a tubal ligation postnataally and is still an inpatient, she must be discharged and readmitted for the tubal ligation as this is a separate procedure other than childbirth.

Pre-op for postpartum tubal Ligation
- Inform the woman of the time of the procedure.
- Routine admission procedure – discharge on computer and readmit as above.
- Take baseline recordings.
• Fill out the anaesthetic consent – the woman should have had access to this to read.
• Check consent and all relevant paperwork completed for procedure by obstetrician.
• Pre-op checklist to be completed.
• Nil by Mouth from 6 hours prior to the procedure.
• Pre-operative medication as per caesarean section protocol/Standing Orders.
• Provision is made for infant care while the woman is in theatre.
• If woman is breastfeeding ensure that expressed breast milk is available and stored correctly in fridge.
• Ensure that information on tubal ligation has been provided and understood.

Postoperative care on return to Ward 1:
• Minimum observations of 2 hourly BP, temp, and pulse for four hours.
• Check wound site for bleeding when taking observations.
• If any deviations from the normal, contact the obstetrician on call.
• Offer pain relief as required and charted.
• Assist woman to mobilise as soon as she feels comfortable.

ASSOCIATED DOCUMENTS
Breast feeding policy

REFERENCES

Approved by:

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HOD Obstetrics

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Clinical Care Manager WCY

Date of Approval:

Next Review Date: