How can I learn about Natural Family Planning?

Visit the website of the Couple to Couple League at www.ccli.org.

- About NFP has information about the Sympto-Thermal Method taught by CCL, NFP effectiveness, the advantages of NFP, common myths, and the top reasons to learn NFP.

- Learn/Register contains a description of the various classes offered by CCL.

- Search/Register for Class (red button) allows you to look for classes in your local area.

References
5. Adena PDS approved instructions for use. PMA approval July 2009.

In the United States, sterilization is the most common form of birth control among women over 30 years old. More than 10 million women aged 15-44 have undergone tubal ligation and nearly 1 in every 4 married or previously married women have had this procedure.1 In the United States, female sterilization is 3-5 times more common than in several European countries with much lower fertility rates than the U.S.2 Despite its popularity, this approach to family planning is not without risks. Furthermore, it is a decision that in most cases cannot be reversed so it is choice that will impact the rest of a woman’s life.

What is tubal ligation?
A tubal ligation is a surgical procedure intended to make a woman permanently sterile.

Each woman has two fallopian tubes that attach to the uterus. They allow the transfer of the egg from the ovary to the uterus and permit the passage of the man’s sperm. It is in the fallopian tube where the egg and sperm unite to conceive a new human child. If these tubes are damaged or scarred, conception will not occur. Sexually transmitted infections (STIs) are a common cause of infertility due to the fact that they damage the fallopian tubes. Female sterilization procedures intentionally block the fallopian tubes in order to prevent conception.

In a tubal ligation procedure, a laparoscope is inserted into the abdomen via small incisions. The surgeon then damages the fallopian tubes by either cutting, burning, tying or clipping the tubes. This permanently closes the tubes, leading to infertility.

What are occlusion procedures?
Occlusions are sterilization procedures that are less invasive. An instrument is inserted through the vagina, cervix and uterus to place an insert into the fallopian tubes that allows scar tissue to grow in the tube and block it.

Two tubal occlusion medical devices have been approved in the U.S. — Essure and Adiana. In both cases, the physician places small inserts inside the fallopian tube; usually after three months sufficient scar tissue has grown in the tube to render it fully blocked. Women who choose such a procedure must use some alternate form of contraception while the tubes are growing scar tissue. These devices have the advantage of avoiding the need to enter the abdominal cavity so don’t carry the risks of anesthesia and other surgical complications. However, not all women are candidates for these devices as anatomical differences may make placement of these impossible. Unfortunately, these anatomical issues are often not discovered until the procedure is started.

Is female sterilization 100% effective?
No. With tubal ligation, cut tubes can grow back together, or the clips or bands can get loose or come off.

A large U.S. study followed more than 10,000 women for 8-14 years after their tubal ligation and found an overall 10-year cumulative failure rate of 1.8 percent.1 For women who had the procedure when they were younger than 27 years old, the 10-year failure rate was as high as 5.4 percent depending on the specific surgical procedure used. Important- ly, failure rates did not decline over time, so a woman 5-10 years after the procedure is still at risk of unintended pregnancy despite the fact her inherent fertility is lower due to aging.

Failure rates in the first year are often cited as proof of the high efficacy of this procedure. In fact, the large U.S. trial found the overall first-year failure rate to be just 0.5 percent. However, for women under age 27 at the time of the procedure, the first-year failure rate was 0.4-2.4 percent depending on the specific procedure used. Women over 33 years old at the time of the procedure had first-year failure rates of 0.6-5.5 percent; women between 27 and 33 had failure rates between these two groups.2

The more recently approved tubal occlusion devices have far less efficacy data but also show a long-term failure rate of 1.6 percent after subtracting out those procedures that are incomplete and those women who become pregnant during the waiting period for the device to be fully effective.3

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What are the risks of female sterilization?

Complications of surgery
In the U.S., about 1.6 percent of female sterilizations have some type of complication; most of these are related to anesthesia or the discovery that a more aggressive surgical technique is needed due to adhesions or other unknown complications.8 Death is a very rare complication of female sterilization. For every 100,000 sterilizations, 1 to 4 women will die from the procedure.7

Long-term consequences on menstrual symptoms
For women with underlying problems that result in difficult menstrual symptoms, tubal ligation may or may not improve them. Some women report increased menstrual problems following tubal ligation. Unfortunately there is little well controlled evidence to understand the magnitude of this risk. One study found among women who were sterilized after age 30, 29 percent of those who expressed regret did so because of menstrual problems or menstrual symptoms.4

Effect on interest in sex
For the vast majority of women a female sterilization procedure will then be a part of your life.

Regret
Over the long term, about 13 percent of women who have had a tubal ligation 1 in 3 pregnancies that occur are ectopic (tubal); women under 30 at the time of sterilization are nearly twice as likely to have a subsequent ectopic pregnancy.16 Ectopic pregnancies are a serious health risk, often require emergency surgery, and can be life threatening events. A woman’s individual risk of ectopic pregnancy is influenced by factors such as age at sterilization, the specific surgical procedure used, race, and if one has a history of pelvic inflammatory disease.32

Procedure failure

In addition, women choosing the occlusion devices may become pregnant during the time frame for these devices to become fully effective (usually 3 to 6 months). In the clinical trials of Adiana, 6 of 645 women became pregnant while waiting for the device to become fully functional.7 These are actually failures of the alternative contraception used in this interval and translate to a one-year failure rate of almost 4 percent.

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For more information, visit thesalon.com for more on female sterilization.

Can female sterilization be reversed?

Maybe. Reversal of tubal ligation is a difficult surgical procedure that may or may not restore a woman’s ability to conceive and maintain a pregnancy. Reversals are expensive and commonly not covered by health insurance.4 A number of factors influence the likelihood of a reversal’s success including the woman’s age at sterilization, elapsed time since sterilization, type of procedure used, and amount of undamaged fallopian tube remaining.32 Finally, women who have had a successful reversal are at an increased risk of ectopic pregnancy.9

For the newer occlusive devices, the fallopian tube must be reattached to the uterus at a new location with a new opening to the uterus. In the case of Essure, a portion of the device projects into the uterus when placed successfully. This creates the added possibility of excessive uterine scarring which may prevent implantation of a fertilized egg even after successful surgical reversal.

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Regret
Over the long term, about 13 percent of women who have been sterilized will express regret for permanently ending their ability to have children. The younger a woman is at the time of the procedure, the more likely she will regret it later on; 20 percent of women who had their tubal ligation before age 30 express regret within 14 years following the procedure.4 The most common reasons given for regret among these women are desire to have more children, divorce and remarriage, and gynecologic or menstrual problems.

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Women who have had a tubal ligation are up to 4 times more likely to require a hysterectomy in the future.14 While not understood biologically, this is a well-recognized phenomenon. Thus, the decision to be sterilized increases the likelihood that further major gynecological surgery will be needed in the future and the possible long term consequences of that procedure will then be a part of your life.

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Retrospective regret
Women who had the procedure at a time distant from birth of their child reported decreased interest.9 Women who were younger when they had the procedure at a time distant from birth of their child reported decreased interest.9 Women who were younger when they had the procedure at a time distant from birth of their child reported decreased interest.9 Women who were younger when they had the procedure at a time distant from birth of their child reported decreased interest.9 Women who were younger when they had the procedure at a time distant from birth of their child reported decreased interest.9

“Years passed without much thought of what we had done. Even so, the freedom from worrying about pregnancy wasn’t really a benefit to our marriage. Our sex life really wasn’t as special and exciting as it was before. We didn’t understand why, but it just wasn’t the same.” - K. & M.F.

Is there an alternative?

For birth control purposes, Natural Family Planning (NFP) is a highly effective and completely safe alternative to the permanence of female sterilization. Couples can learn to recognize the signs and symptoms of their fertility and use this information to either postpone or achieve pregnancy without the worries or side effects of artificial methods.

With NFP, couples can confidently live out their fertile years without the drastic and serious choice of permanent sterilization.