

**OLIVE VIEW-UCLA MEDICAL CENTER
INPATIENT OBSTETRICS/LABOR & DELIVERY
POLICY & PROCEDURE**

**NUMBER: 4753
VERSION: 2**

SUBJECT/TITLE: TUBAL LIGATION (POSTPARTUM)

MD ORDER: YES [X] NO []

POLICY: All postpartum patients that desire permanent sterilization must be appropriately consented. The signed informed consent must meet the legal time standards set forth by Title 22.

PURPOSE: The purpose of this policy is to define the appropriate consent, preparation and procedure for postpartum sterilization.

DEPARTMENTS: Medicine, Nursing 3D- PostPartum/Nursery

DEFINITIONS:

- PROCEDURE:**
- A. CANDIDATES:**
Any postpartum patient desiring and appropriately consented for permanent sterilization, who is clinically stable, whose infant is without unexpected complications and who does not have a surgical contraindication.
 - B. PRE-REQUISITES/CONSENT:**
 - 1. The informed consent process shall meet the requirements as set forth in Title 22, Section 70707.1 through Section 70707.6. Additionally, the following specific requirements must be met prior to obtaining this informed consent:
 - a. The patient must be 18 years of age or older. MediCal funded patients must be 21 years of age or older.
 - b. The patient must be legally and mentally competent to provide informed consent.
 - c. The patient is not institutionalized.
 - d. The patient must not be in labor or less than 24 hours postpartum.
 - e. The patient must not be seeking to obtain or obtaining an abortion
 - f. The procedure shall not be performed less than 30 days prior to

obtaining the patient's informed consent. Non-MediCal funded patients may waive the 30 days waiting period to 3 days. MediCal funded patients may not waive the 30 day waiting period. The consent shall be obtained 30 days or more prior to the patient's estimated date of confinement (EDC).

- g. The consent is valid for 180 days only.
- h. Documentation of the informed consent shall be done on the Department of Health Services Consent to Sterilization.
- i. A certified sterilization counselor or an Attending physician shall do counseling.
- j. A list of certified counselors shall be available in the OB/GYN clinic (Clinic D).
- k. An informed consent for elective sterilization is valid until revoked by the patient or 180 days have passed since the patient signed it.

C. SPECIAL EMERGENCY CIRCUMSTANCES

- 1. Emergency abdominal surgery shall be defined as an unforeseeable event taking place prior to the expected date of confinement (in pregnant patients) or the proposed date of surgery to perform an elective sterilization.
- 2. Title 22 identifies two defined emergencies: premature delivery and emergency abdominal surgery. An elective sterilization procedure may be performed with abdominal surgeries **only** if the following conditions have been met:
 - a. The patient was provided with, and the physician obtained, written informed consent at least 30 days before the intended date of sterilization.
OR
 - b. The patient was provided with, and the physician obtained, written informed consent at least 30 days prior to the expected date of confinement.
AND
 - c. At least 72 hours have passed since the patient was provided with informed consent.
AND
 - d. The physician must describe the circumstances of the emergency on the written consent to sterilization form.

D. PROCEDURE FOR PERMANENT STERILIZATION ON LABOR AND DELIVERY (BTL)

- 1. Appropriate consent verified and placed in patient's chart

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2. Pre-op note in medical record by resident, including pertinent history and physical examination, patient’s awareness of neonatal status, confirmation of desire for sterilization and necessary labs.
3. Perform BTL within 1-2 hours after delivery if patient has epidural anesthesia, if patient is stable, no unexpected events have occurred with her infant and staffing is available. Perform the BTL the morning after delivery if nursing, OB physician or anesthesia is unavailable.
4. The attending physician shall be present in the Operating Room during all sterilization procedures.
5. One circulating nurse and one scrub tech (or RN who scrubs) shall be in the operating room to ensure the following:
 - a. Epidural/Spinal placement
 - b. Sterile Prep and Drape
 - c. Sterile mini-lap tray and postpartum BTL pack
 - d. Gauze and needle count x 2
 - e. Collection of Right and Left tube segments and appropriate processing for pathology
6. Following surgery, the Attending physician performing surgery must sign the “Consent for Sterilization” verifying that the procedure was done.

DOCUMENTATION:

Documentation of the procedure will be in the electronic health record (EHR). Both consent for surgery and the sterilization consent will be sent to medical records (HIM) for scanning into the EHR.

References: Title XXII Standards	
Approved by: Jan Love (Clinical Nurse Director II)	Date: 09/29/2016
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