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**Author and Co-Authors**

Paulina M. Osial, MD, MPH¹, Jonathan D. Baum, MD¹, Patricia Kooker, MS², Yen-Hong Kuo, PhD². ¹Department of Obstetrics and Gynecology, Jersey Shore University Medical Center, Neptune, NJ; ²Office of Clinical Research, Jersey Shore University Medical Center, Neptune, NJ.

**Objectives**

Upon completion of the lecture, learners should be better prepared to:

1) Identify barriers to post partum sterilization.
2) Emphasize importance of sterilization counseling during prenatal care.
3) Consider obtaining government mandated consent form during third trimester.

**Abstract**

**Background:** Post partum female sterilization is a safe and very effective procedure that can be performed prior to discharge following delivery. Thurman reported 31% of post partum sterilization requests go unfulfilled, and nearly 50% of them become pregnant within one year. The majority of women who desire post partum sterilization are of lower socioeconomic status and face multiple barriers, such as lack of a government mandated consent form which requires signature between 30-180 days before the procedure, as well as limited hospital resources. According to Zite almost 50% of unfulfilled post partum sterilizations were due to lack of the government consent form or available operating room staff. In addition, most were discharged without any contraceptive method. Our goal was to identify barriers to post partum sterilization at a suburban community teaching hospital in the Northeast, and develop interventions that may decrease the number of unfulfilled requests.

**Methods:** Retrospective study of women ages 21-44 who received prenatal care at Family Health Center affiliated with JSUMC and had documented desire for post partum sterilization at 28 weeks. Twin gestations were excluded. The study spanned over two years (January 2012 to December 2013). Patient demographics and outcomes were both categorical and continuous in nature. For statistical analysis unordered categorical results were analyzed using Chi-square tests and Fisher’s exact tests, ordered categorical results were analyzed using Wilcoxon rank sum test, and continuous results were analyzed using independent t-tests and Wilcoxon rank sum tests.

**Results:** In the study period, 154 women desired post partum sterilization, 88 (57%) underwent the procedure and 66 (43%) did not. 30 (46%) women had change of heart, 15 (23%) had medical or other personal reasons, and 7 (10%) lacked the mandatory government consent form as reasons for not undergoing post partum sterilization. There was no documented reason for not performing this procedure in 14 (21%) women. Performance of post partum sterilization was lower in women with vaginal compared to cesarean delivery (18% versus 76%, p<0.001). Age, gravidity, parity, marital status, body mass index, and insurance type were not identified as barriers to sterilization. 35 (53%) women who did not undergo postpartum sterilization received medroxy-progesterone acetate prior to discharge and 12 (18%) underwent hysteroscopic or laparoscopic sterilization within 6 months after delivery.

**Conclusion:** Change of heart, medical and personal reasons, and lack of the government mandated consent form are significant barriers to desired post-partum sterilization. Sterilization was more likely to be performed after cesarean delivery.

**Disclosure**

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