

Bodily autonomy & female sterilization

Reproductive freedom is a human right

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219 million women and their partners

With **219 million** women and their partners relying on female sterilization, considered a permanent way to prevent pregnancy, it is the most commonly used contraceptive method **worldwide**.

The most common procedure for women is called a **tubal ligation** or having the "tubes tied." This is a **safe** and highly effective option for women who wish to prevent pregnancy permanently. It works by blocking the fallopian tubes. When women choose not to have children, sterilization can be a good option. Tubal ligation is effective immediately after the procedure. Because without fertilization of the egg, pregnancy can't occur. It's a slightly more complex and expensive procedure than male sterilization (vasectomy).

According to the National survey of Family Growth from the Centers of Disease Control and Prevention in 2020, approximately 18 percent of American women of reproductive age used female sterilization as their form of birth control between 2017-2019. This is equivalent to 12 million women in America only. Around the globe this amount is way higher.

What is tubal ligation?



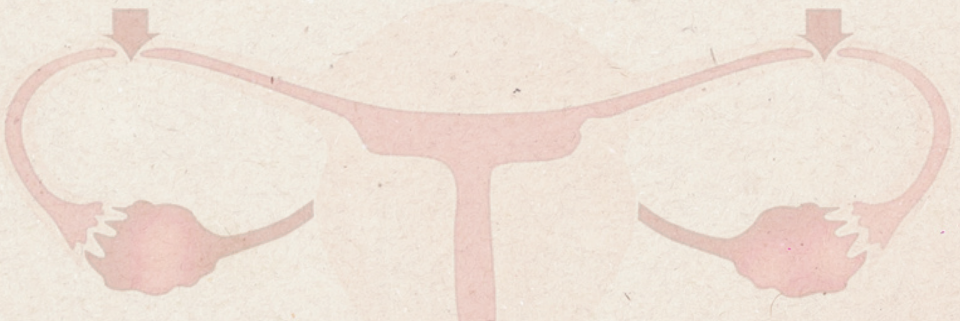
Tubal ligation is a form of **permanent** contraception for women. During this surgical procedure, **the fallopian tubes** are either cut, tied, or sealed to prevent eggs from reaching the uterus.

Tubal ligation **prevents** an egg from traveling from the ovaries through the fallopian tubes and blocks sperm from traveling up the fallopian tubes to the egg.

(Mayo Clinic, 2023)

"Sterilization is simply a form of contraception, if you like. It's actually a permanent method of contraception if you're sure that you don't want to have any (more) children."

(Interview with Dr. Sünje Keden 29.11.2023)



Why do women choose to get their tubes tied?

Health Considerations:

Some women may have health conditions that make pregnancy risky or potentially harmful to their health. In such cases, tubal ligation can be a proactive measure to prevent unintended pregnancies or health threats.



Partner's Health Issues:

If a woman's partner has a medical condition that may be passed on to offspring, or if there are concerns about the health of potential future children, a couple might decide on tubal ligation as a means of preventing pregnancies.



Desire to Avoid Hormonal Contraception:

Women who prefer not to use hormonal methods of contraception, such as birth control pills or hormonal intrauterine devices (IUDs), may opt for tubal ligation as a non-hormonal alternative.



Financial or Lifestyle Reasons:

Some individuals may choose tubal ligation for practical reasons, such as financial considerations or lifestyle choices. They may feel that preventing future pregnancies aligns with their current life circumstances and goals.



Completed Family Size:

Women who feel that they have achieved their desired family size may choose tubal ligation as a way to close the chapter on childbearing.

Religious or Ethical Beliefs:

Personal or religious beliefs may influence a woman's decision to pursue tubal ligation. Some individuals may feel that it aligns with their values or ethical principles.



What are different methods of performing a tubal ligation?



There are different methods of tubal ligation, and the specific technique used may depend on factors such as the patient's health, medical history, and the surgeon's expertise. Here are some common types of tubal ligation procedures:

1. Traditional Tubal Ligation (Bilateral Salpingectomy):

In this procedure, the surgeon cuts, ties, or seals off a portion of each fallopian tube. Sometimes, a small segment of the tubes is removed altogether. This method disrupts the pathway for the egg to travel from the ovaries to the uterus.

2. Minilaparotomy:

This method involves making a small incision near the navel or lower abdomen to access the fallopian tubes. The tubes are then sealed or blocked.



3. Laparoscopic Tubal Ligation:

This is a minimally invasive procedure where small incisions are made in the abdomen, and a thin tube with a camera (laparoscope) is used to visualize the fallopian tubes. Instruments are then inserted through other small incisions to perform the tubal ligation.

4. Hysteroscopic Sterilization:

This is a non-surgical method where a tiny coil or other device is inserted into the fallopian tubes through the cervix and uterus. Over time, scar tissue forms around the device, blocking the tubes.

5. Essure:

This was a form of hysteroscopic sterilization involving the insertion of small metal and fiber devices into the fallopian tubes. However, the Essure device has been discontinued or withdrawn from the market in several countries due to safety concerns.



What are possible risks of a tubal ligation?

Possible risks are bleeding from an incision or inside the abdomen, an infection occurring, damage to other organs inside the abdomen, experiencing side effects from anesthesia, ectopic pregnancy (an egg that becomes fertilized outside the uterus), and incomplete closing of a fallopian tube that results in pregnancy.

Things that make you more likely to have complications from tubal ligation include:

- History of pelvic or abdominal surgery
- Obesity
- Diabetes

(Woman's care Specialist, n.d.)

Risk of regret

In America, researchers conducted a retrospective analysis of cross-sectional data from the 2015-2017 and 2017-2019 National Survey of Family Growth, Female Respondent Files, to estimate the proportion of women who experience sterilization regret. Sterilization regret was defined as someone who either underwent sterilization reversal or who definitely wanted sterilization reversal.

A total of 1,549 women who underwent sterilization were included in the analysis; 8% were aged 21-30 years, and 92% were aged older than 30 years. The cumulative proportion of regret was 10.2% (12.6% for women who underwent sterilization at age 21-30 years and 6.7% for those who underwent sterilization at older than age 30 years). The only variable that had a statistically significant association with regret in this research, was age at the time of the interview. As women got older, they were less likely to report sterilization regret.

Susanne Rau from Selbstbestimmt steril e. V. in Germany, informed during a guest lecture, that the amount of time after the last birth of a baby has an association with regret as well. The more time has passed between giving birth and having a tubal ligation, the lower the chance of regret.

(Risk of Sterilization Regret and Age: An Analysis of the National Survey of Family Growth, 2022)
(Susanne Rau, 2023)



Has anyone ever gotten pregnant with their tubes tied?

According to the University of Pittsburgh Medical Center, the rates of pregnancy after tubal ligation are 5 percent in women younger than 28.

2 percent in women between ages 28 and 33. 1 percent in women older than 34. They also tell us, in general about 5 in 1000 women get pregnant after one year, and 13 in 1000 after five years. The failure rate of tubal ligation was estimated to be 1.85% in 10 years.

Tubal ligation can increase your risk of an ectopic pregnancy. What an ectopic pregnancy is, you can read in the next alinea. A study from the U.S. Collaborative Review of Sterilization shows us a research among 10,685 women who underwent tubal sterilization. They were followed up for 8 to 14 years. The risk of pregnancy was assessed by cumulative life-table probabilities and proportional hazards models. The results were as follows:

A total of 143 sterilization failures was identified. Cumulative 10-year probabilities of pregnancy were highest after clip sterilization (36.5/1000 procedures) and lowest after unipolar coagulation (7.5/1000) and postpartum partial salpingectomy (7.5/1000). The cumulative risk of pregnancy was highest among women sterilized at a young age with bipolar coagulation (54.3/1000) and clip application (52.1/1000).

It must be said that the numbers and findings in this research are over 20 years old and that the qualities and knowledge of surgeons may have been improved. More up to date sources, tell us that the procedure is highly effective.

(U.S. Collaborative Review of Sterilization, 1996)

What is an ectopic pregnancy?

An ectopic pregnancy occurs when a fertilized egg grows outside of the uterus.

Almost all ectopic pregnancies — more than 90%— occur in a fallopian tube. As the pregnancy grows, it can cause the tube to burst (rupture).

As an ectopic pregnancy grows, more serious symptoms may develop, especially if a fallopian tube ruptures. Symptoms may include sudden, severe pain in the abdomen or pelvis, shoulder pain, weakness, dizziness, or fainting.

If you do not have the symptoms of a fallopian tube rupture but your ob-gyn or other health care professional suspects you may have ectopic pregnancy, he or she may perform a pelvic exam, perform an ultrasound exam to see where the pregnancy is developing or test your blood for a pregnancy hormone called human chorionic gonadotropin (hCG).

An ectopic pregnancy cannot move or be moved to the uterus, so it always requires treatment. There are two methods used to treat an ectopic pregnancy: medication and surgery. Several weeks of follow-up are required with each treatment.

The most common drug used to treat ectopic pregnancy is methotrexate. This drug stops cells from growing, which ends the pregnancy. The pregnancy then is absorbed by the body over 4–6 weeks. This does not require the removal of the fallopian tube. If the ectopic pregnancy has ruptured a tube, emergency surgery is needed. Sometimes surgery is needed even if the fallopian tube has not ruptured. In these cases, the ectopic pregnancy can be removed from the tube, or the entire tube with the pregnancy can be removed.

(American College of Obstetricians and Gynecologists, 2018)



Risk of menstrual problems after sterilization

Many women know from experience that when using the pill, periods may or can be shorter, less intense, less painful or more regular than without using the pill. If you are using the pill, remember that by stopping the pill after sterilization you will regain your own menstrual cycle. If you suffered from painful, prolonged, heavy or irregular periods without taking the pill, there is a chance that you will experience this again after sterilization.

On the other hand, other women experience relief from no longer having to deal with side effects from hormonal birth control as the pill.

(Isala, 2022)

How long will the procedure take?

On average, the procedure itself will take about 30 minutes time.

This does not include preparation time and time spend on recovery.

(Isala, 2022)



What are the costs of a tubal ligation?

The cost of your tubal ligation may vary based on where you live, your doctor, and your insurance coverage.

Female sterilization is more complicated and takes more time. As a result, the costs for the treatment are also higher: on average between 1250 and 1500 euros in the Netherlands, but there are also outliers towards 2000 euros. It is therefore certainly worthwhile to approach various healthcare providers for a target price.

Sterilization-Frau (2023), a German website, states the following: 'Anyone who wants to be sterilized as a woman due to life planning, for example after family planning has been completed, must bear the costs of the sterilization themselves. Unfortunately, since the health reform in 2004, the costs of female sterilization are no longer covered by statutory health insurance. Statutory health insurance companies only make an exception when it comes to covering the costs of sterilization if a pregnancy would fundamentally endanger the woman's health. The cost of sterilization depends on which method the woman chooses for her sterilization. The costs for sterilization by laparoscopy (laparoscopic sterilization) are between 600 and 1000 euros and between 1200 and 1600 euros for hysteroscopic sterilization using the Essure method.'

As mentioned earlier, the cost of your tubal ligation may vary based on where you live, your doctor, and your insurance coverage, which is why we can't tell how much the costs of a tubal ligation exactly are. The above mentioned numbers is simply an indication. Be aware that the costs may be very differently for you.

(Zorgwijzer, 2023)
(Sterilization-Frau, 2023)



Stigma and judgement

Childfree women and men who request sterilization face questioning about their nulliparous status, risk of regretting the procedure, and age (ACOG, 2017). The act of choosing not to have children in a culture that expects couples to reproduce can be stigmatizing. In the U.S. for example, there is a normative expectation that young heterosexual adults, at a certain age, will produce children. Thus conversations with others about being childfree often demand an accounting of one's non-normative choices. When reproduction is considered a biological imperative, childlessness is perceived as both unnatural and non-normative. The decision to abstain from reproduction requires a defense, whereas the decision to reproduce does not (Gillespie, 2000).

(American College of Obstetricians and Gynecologists (ACOG), 2017)
Gillespie, R. (2000)

How to support a someone considering a tubal ligation?

During a guest lecture on the Hanze Hogeschool in Groningen with Susanne Rau from Selbstbestimmt Steril e.V. in Germany, we asked her the same question. According to Susanne it's actually easy. You just have to be kind and supportive, she says. If someone is telling you about their thoughts of having a tubal ligation, you can be somewhat honoured that they are opening up to you, because there is a lot of stigma. Simply listen, withhold comments and withhold judgement. If a person is open to questions, you can ask them as long as you stay kind and compassionate. If they are not open to questions, then don't insist. If you want to be extra supportive, you can accompany the person in the first 24 hours after surgery. Lastly, you could even offer financial support if you want, because a tubal ligation can dip into your savings.

Susanne Rau (personal communication,
1 December 2023)



What is important to know regarding what happens after the procedure?

Immediately after sterilization you will probably have abdominal pain for which you will receive pain relief if necessary. This pain usually decreases in the first hours after sterilization and disappears at the end of the day. In some women, abdominal pain persists for the first few days after sterilization. You can safely use painkillers for this.

Shoulder pain also occurs after sterilization. This pain usually disappears the day after surgery. On the day of sterilization you are often not yet fit due to the operation and anesthesia. It is therefore wise that you are picked up from the hospital. Driving yourself or taking public transport home is not recommended.

Sometimes during the operation the cervix is grasped with forceps through the vagina in order to move the uterus and the fallopian tubes during the operation. As a result, there may be some bleeding through the vagina for a few days after the procedure.

The wounds in your abdomen are usually closed with self-dissolving stitches. It sometimes takes more than 6 weeks before the ends of the threads that you still see have disappeared. You can safely shower or take a bath while the stitches are still in place.

Most women need a few days before they feel completely recovered. If you have small children at home, it is wise to arrange extra help in the first few days. You can resume work once you have recovered. For most women this is after a few days, other women need a longer time, for example a week.

Being intimate after sterilization is immediately safe, although as long as the abdomen is still sensitive, it is possible you do not feel much like having intercourse.



The legal aspect

In principle, every person has the right to physical self-determination and can make decisions about their own body once they reach the age of majority. This means that every adult can decide what happens to their own body.

"Every adult is allowed to make their own decisions about their body."

- Dr. Sünje Keden (29.11.2023)

Part of this is also the right to sexual self-determination. This concerns not only whether and how much or little sex a person wants to have, but also whether or not they want to have children. Sometimes the desire for permanent contraception goes hand in hand with not wanting to have (any more) children. This can only take the form of sterilization. As this is usually not medically necessary, the doctor has the right to refuse this operation. It is also often the case that doctors arbitrarily set age limits that have no legal basis. Some doctors only perform the operation if the woman already has one or more children.

"I don't know. I still can't explain who sets these arbitrary limits."

- Dr. Sünje Keden (29.11.2023)

There is a suspicion that many doctors are afraid of being sued, but this fear is unfounded. If a detailed explanation and consultation has taken place and this has been well documented, there is nothing more to fear from the doctors. There are always cases in which the procedure is regretted, but this is no basis for a successful lawsuit.

"Perhaps many colleagues are also afraid of a lawsuit."

- Dr. Sünje Keden (29.11.2023)

In general, however, no doctor should form a personal opinion about this and any person considering this operation should be regarded as a capable and responsible adult.

"Or perhaps I see myself as a service provider and I don't have the right to intervene and influence the woman's decision in any way."

- Dr. Sünje Keden (29.11.2023)



Where can I find informational sources?

Websites

[Startseite - Selbstbestimmt steril e.V. \(selbstbestimmt-steril.de\)](#)
[Recht auf Geburt eigener Kinder • Sexuelle und reproduktive Rechte KONKRET \(sexuelle-rechte.de\)](#)
[Reddit – Entdecke ohne Ende](#)
[Reddit – Entdecke ohne Ende](#)
[Franziska H, DO \(@pagingdrfran\) • Instagram-Photos und -Videos](#)
[We are Childfree | Global community & storytelling project \(@wearechildfree_\) • Instagram-Fotos und -Videos](#)
[Stérilisation volontaire | \(wordpress.com\)](#)
[Regret, shame, and denials of women's voluntary sterilization - Lalonde - 2018 - Bioethics - Wiley](#)
[Online Library](#)
[A Defence of Voluntary Sterilisation | Res Publica \(springer.com\)](#)

Podcasts

Surgery 101: 366. Tubal Ligation. Spotify.
We are Childfree. Tubal ligation at 23, with Daniela Echeverry. Spotify.
Food Freedom and Fertility [pdcast.
Birth Control Options- Post Partum. Spotify.
Goddess In Sweats. Things I wish I was prepared for when I got my tubal ligation. Spotify.
Wide Open Podcast. 023 Vasectomy Vs. Tubal ligation. Spotify.
New School obGyn. Permanent Female Sterilization/Tubal ligation-Surgery Consult. Spotify.
Life: Is it just me? I'm Childfree - My Tubal ligation Surgery Experience. Spotify.



Personal experiences

Interview with Sonja, November 2023.

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Could you tell us a little about yourself (who you are, your age, with who you live, which studies you have undertaken) ?

Hi, I'm Sonja, a 39 year old librarian in Australia. I live with my partner and my cat, and have done studies in art, librarianship and graphic design.

Can you bring us back to your first thought of considering getting your tubes tied: when and where was it?
I have been interested in tubal ligation since I was a teenager, as I thought I wouldn't want to be a parent. As it is difficult in the medical system to get this treatment at a young age, it was something that I thought about, but didn't pursue till later in life. Given the results of the accompanying ablation in stopping my period, I do wish that I could have had this done in my teen years to save the pain and annoyance of bleeding all those years, as well as the benefits of sterilisation.

How long have you thought about it and when did you decide to officially start to undertake actions to get this procedure?

I first started asking about it perhaps in my late 20s or early 30s. Doctors would say that I was too young and to come back later. I reached a point with my contraception that it was having too many side effects, that I wanted to have something more permanent and worry-free. I also had other medical issues so this propelled everything else.

How did you come to the decision to get your tubes tied?

This was not a difficult decision. A friend asked me in wonder, how could I know, and be so sure. It was then that I realised, that having children really was never an option because I had been staunch and serious in not entertaining them as a real possibility. It didn't feel like I was missing out or losing out on something because it wasn't what I had ever wanted.

Were there specific factors or reasons that influenced your choice?

I wanted to have the freedom of not having to worry about contraception, and to opt out of having a physical period (achieved through ablation). I also believe that I may have had PMDD, because my mental health was severely impacted with each cycle, this is something which also should have been explored medically as it was really unbearable.

Were there alternative contraceptive methods you considered before choosing tubal ligation?

I had already used Implanon for many years, but it had other health impacts such as very long, drawn-out periods. None of the other options and their associated side effects tickled my interest.

Did you have a partner at the time? If yes, how did they react?

Yes, he knew that it's my body and my choice. We had talked for a long time throughout our relationship that I did not want to have any children.

How did you communicate your decision to family members, how did they react?

I posted on Facebook about my success in getting a referral for the procedure (because there can be many medical barriers). One of my aunts from overseas congratulated me and said that she knew I had wanted this for a long time. I was very appreciative of her support and it also made me realise how many people were aware of my preferences and hopes of getting this done.

What was the first step of the procedure and where did you find your information?

My experience is in Australia so I realise that it may be different to the steps in your other interviews. A family member had a health issue, so I had some checks and imaging completed to see that everything was safe. During the ultrasound, I could tell that there was a problem from the way that the technician had paused, and had a considered look on their face. Waiting for the results felt like it took a long time, and my doctor (general practitioner) confirmed that I had endometrial polyps. These needed to be removed to help avoid hereditary cancers. I got a referral from my doctor to see a surgeon at a specialist gynaecological service in my town in mid-2017. This meant that I had three procedures in the one surgery session: polyp removal, tubal ligation and endometrial ablation.

My surgery was completed in February 2018.

How did your healthcare provider support you through the decision-making process?

I appreciated that my doctor took me seriously and included my wishes in the referral for polyp removal. I did not experience many barriers - probably because of both my age, and having the existing other health issues.

There is a lot of conflicting information around having a concurrent ligation and ablation.

My surgeon worked from a specialist service which had a lot of fertility-style branding, but I had a really positive experience and felt supported. I noticed the amount of baby photos in the surgeon reception and I thought about how, even though they are so loved and a wonderful outcome, that it must be difficult for people who really want a baby or are pursuing processes to have one.

Personal experiences

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In what ways did your support system (friends, family, etc.) assist you during the decision-making process?

My friends supported me by hosting a 'blood party' which is the opposite of a baby shower. I popped a balloon full of golden glitter to represent all my money savings from not having children, and we ate food with a menstruation theme. There were marshmallows shaped like tampons with berry dipping sauce, and my friend who hosted this specially ordered a biscuit stamp in the shape of a reproductive system. There were also pastries and biscuits with bows and tube-tying icing decorations, and red-coloured cake. It was really important to commemorate this and was actually a giant surprise on the day, I had no idea and I will always be grateful for these memories and all the effort in putting it together.

After the procedure, I posted a parody update of a birth and toddler announcement with a zucchini as my baby, because there isn't really a way to share this information that is universally celebrated. I wanted to show that this was a really good thing but I also understand that not everyone would find this amusing. Sometimes it is challenging that the experience of childfree people undergoing such procedures is not societally acceptable, there are no structures to talk about it. For example, if I had made different reproductive choices, my workplaces would have wanted to celebrate.

Have you faced any reactions or judgments from friends, family, or others about your decision?

Friends and family visited during my recovering and brought food over. I was on a lot of drugs so I don't remember all of it, but it was exciting to see people even though I was very limited in my movements. One of my workplaces was very supportive, and when I needed extra time off, they totally understood - I had gone back after a few weeks and one colleague said I was as white as a sheet while pushing a book trolley. I didn't feel great so took a bit longer off. After talking with other people online about the procedures, it's because I had so many done at once that it impacted the recovery time.

As I worked in two places, the other organisation was the polar opposite and very terrible. My boss at the time would not sign off on my health and safety paperwork that I had undergone surgery when I returned to work, even though I had the pre-approved sick leave and had given all documentation in time. When I came back after the procedures, and was at a desk to help customers, it felt like I was sitting on an unhinged Swiss pocket knife, and in so much pain from the way that I had to sit or stand as well as using my abdominal muscles to lift parcels and book piles. I filled out forms and asked for assistance, but the organisational safety team said they could not proceed until the boss had 'ticked off' that it was verified that I had surgery. I asked the safety team about this multiple times and there was no way to go ahead without my boss' sign-off. This was literally a blockade, and despite trying to work in a modified capacity, I really needed support and could just not get past this. The boss never engaged with me about this despite several requests in writing, and I could not get anything meaningful from the union. This was deeply hurtful and actually a huge medical risk. I took extra time off because it was easier to have time to recuperate than to cause further injury in doing my regular duties. A colleague suggested to me that the boss was embarrassed by these 'women's issues' and did not wish to discuss it or consider accommodations. I felt frustrated and unsupported by multiple people, structures and frameworks within that workplace, can you imagine if the same were to happen to someone who had had a baby? I was very thankful that my other job was understanding, thoughtful and caring.

How did you prepare mentally and emotionally for the decision and the procedure itself?

I felt prepared as I knew I had to have the polyps removed, everything else was a wonderful bonus. I did have some trepidation as I hoped that it would go well - anything can have associated risks. A friend was concerned that I didn't have enough supplies, so encouraged me to buy many nightgowns.

How has the experience been for you so far, both physically and emotionally?

I highly recommend taking charge of your own reproductive choices. It has been empowering and excellent. Even though recovering was painful, it has been the best health decision I have ever made, and I'm reminded each month of not having a period or risk of pregnancy, how grateful I am to have been taken seriously and finally be able to make a choice about my own body.

How has the decision impacted your lifestyle or future family plans?

In a basic way, I don't need to plan around having periods. So this has improved my daily life. It has been what I always wanted. I will never have children and have followed several childfree influencers because they understand what it is like to make a socially unpopular decision amidst the pressure to have babies.

Personal experiences

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How has your overall wellbeing and quality of life been affected since the procedure?

Everything has improved, I'm very grateful to no longer have the ups and downs of having a period.

Did you find it challenging to find information or resources about tubal ligation before making your decision?

There is a lot of misinformation out there which is put out by religious groups which discourage the procedure and facilitate reversals. They also use scare-mongering tactics about the risks. Another example, even in having my procedure, one of our local hospitals did not support tubal ligation or vasectomies because it is against the beliefs of their faith. This is a physical and financial barrier, and this links in with the doctrines against women having bodily autonomy. It changed where I had to undertake the procedure.

My information was a lot of brochures from my medical providers. I also looked at the Mayo website and read a lot of other online information such as personal experience blogs.

Did you encounter any unexpected challenges or benefits after the procedure?

It has all been positive!

Did you have any specific expectations about the recovery period that were different from the reality?

Yes - as mentioned above, it took a little while longer. I believe I was quoted about four to six weeks, it might have taken seven or eight weeks to fully recover. My recovery was negatively impacted by returning to work earlier in that estimate, and then doing tasks which physically hurt me, as mentioned above.

Did you have any concerns about potential long-term effects or regrets after the tubal ligation?

One of my relatives says that I am lucky to have escaped the biological enchantment of having children, because it has saved me a lot of heartache. I know that I think differently about family planning. I have a new young nephew who has given me a lot of insight into having a child around, and I deeply love him.

I am also grateful that I knew I would not be able to be a good parent in terms of managing healthwise at the same time. I understand it's there can be a wish for everyone to procreate - but now that I have an unrelated chronic illness, I know from this experience, the reality that in modern society, support is limited. In short, I know I could not have coped with raising children and all it entails, and I would have wanted to feel that I was doing a good job. At the same time, I never truly entertained it as something which would ever happen for me. I'm not sad and have no regrets - I would need to be a completely different person to have had kids.

Did you experience any postoperative pain or discomfort, and if so, how did you manage it?

I had fantastic medications and dressings for the incisions. It was very hard to move around but I mostly slept.

Have you noticed any changes in your menstrual cycle or hormonal balance since the tubal ligation?

As above - I do not have a physical menstrual cycle due to my ablation. This means that the procedure was a success!

How has your body image or self-perception changed, if at all, since the tubal ligation?

In some ways I guess there is less fear of a surprise pregnancy? I was concerned about the amount of scarring but it has faded to nothing over time. But other than that, there has been no impact.

Are there any misconceptions about tubal ligation that you'd like to clarify?

Everyone has a different experience - even locally, friends who would like the same procedures for medical reasons, have not been able to get the referrals needed. It can be based on your provider or luck of the draw. I would recommend to keep pushing for what you want. It can be very expensive so clarify in your area, the exact fees and any reimbursements from health funds.

How did you navigate conversations with others who may not understand or support your decision?

I will always come across people who disagree, because my decision is outside the norm. Particularly as I did not have children before having this procedure. I have been very public about my procedures as I wanted to help other people in providing advice and my experience. When people do not support or agree, I disengage because there is no point pushing uphill.

Personal experiences

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Have you faced any stigma or judgment from healthcare professionals regarding your choice?
No, I was very lucky.

Are there any aspects of the tubal ligation process that you wish you had known more about beforehand?
There have been some recalls with regards to some of the clips. I avoided this brand but I wish companies took womens' health more seriously.

Are there any resources or support groups that you found helpful during this journey?
I looked for relevant hashtags and keywords on then-Twitter and Instagram. I connected with other people getting the procedure and I found this DIY approach very helpful. I have also had people approach me on social media asking about my experience. Sometimes all people need is another person who has had it done, to understand the reality of the operations.

What advice would you give to someone considering getting their tubes tied?
I would suggest getting full imaging beforehand to see if there are any other problems which can be addressed at the time. It's better to get everything in one full lot rather than piecemeal.

Would you recommend this option to others, and if yes, why?
Yes! If it's something you want, it will change your life. It reduces worry and will improve your quality of life! I would like to acknowledge my privilege in having my concerns heard, and for my partner supporting my recovery and the financial costs and impacts.

Additionally, the field of gynaecology also has an appalling history as part of the eugenics movement in doing medical experiments on black women, including conducting targeted coerced and unconsented sterilisations on specific populations as acts of violence. These human rights violations continue in law and directly go against the autonomy and agency that everyone deserves. I was able to make my choice but I understand the ongoing harms for many who are targeted. When this is forced, or applied based on assumption, it is dehumanising and violent.

Instagram links:

- Blood party https://www.instagram.com/p/BetwaVABM7H/?utm_medium=copy_link
- Zucchini baby https://www.instagram.com/p/BfNjLLfhpcm/?utm_medium=copy_link
- Zucchini toddler https://www.instagram.com/p/BhV6jVxlTJK/?utm_medium=copy_link



Personal experiences

The story of Anna, November 2023.

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My name is Anna (she/her) and I am 35 years old. I live in Orlando, Florida, which we all know is not a great place to be for human rights, especially if you have female reproductive organs or are a part of the LGBTQIA community. I live with my domestic partner (we have been together for just over three years now) and our two roommates since America seems to have failed in every aspect and housing continues to increase. Fortunately we are all very close and it is a happy house. I am a cosmetologist at Walt Disney World and a swimmer at SeaWorld Orlando with a degree in makeup and wigs for theatre and was a synchronized swimmer growing up.

I haven't wanted children since my mid twenties and before that it was only a consideration, never something I was sure about. After being in a relationship around 2016 full of mental and sexual abuse, I decided that the last thing I wanted was to be put in a situation where I would have to make an unfortunate choice. I support people being able to make the decisions they want for themselves and their bodies, including abortion—but no one WANTS to have an abortion. No one wakes up and says “oh, I think I'll have an abortion one day!” It is a difficult choice to make no matter what the situation is. Having decided that children were not for me, I started thinking of what could be done to prevent children because sometimes birth control fails and things happen. It was just a thought then, but it was the beginning.

I was 27 when I first really had the thought. Florida was still a decent place at the time, before Ron DeSantis was governor and Trump was president. Time passed. Horrible humans gained seats in government. Human rights began being stripped away. Two years ago at my annual OBGYN appointment, I looked at my doctor and asked if I could have a tubal ligation. I was 33. She said “absolutely! It's irreversible, so be sure.” I was so thankful she didn't ask my age (she knew it anyway), how many kids I already had (none), or for my husband's permission (what husband? I wasn't married. And it's not his body having a baby). I decided to give myself a year to really think about it. In that year, as abortion laws were being passed left and right, I realized my biggest fear was being raped, being forced to have a child that belonged to a monster, and being stuck with that monster until the child became of age, with constant reminders of that trauma for the rest of my life. The next year at my appointment I brought it up with my doctor again. She was all for it, it was covered under my insurance as part of birth control, and got me scheduled for it to happen within a month (that's amazingly quick for America!)

I was on an oral contraceptive since the age of 15. My dermatologist recommended it for my acne and it treatment and it worked well for me.

My partner doesn't want children either and was so supportive of my decision.

My parents are wonderful and have always wanted my sister and I to live our lives how we want. Years ago I asked my mom if she was sad that she wasn't getting grandchildren and she responded “I would love grandchildren, but I don't want you to do something that you don't want for yourself and your life.”

My parents married young and waited 14 years to have my sister. They prioritized themselves and their lives before deciding to have children and I am very thankful they have always been that way.

I just asked my OBGYN.

My doctor was amazing!

Personal experiences

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I have always been a very independent person. Once I make up my mind, that's it. I'm doing it. Knowing my partner was good with it, I was ready to go.

My friends were all super excited for me. I feel most people my age and younger are in a similar mindset of "do what's best for you." Some older friends and coworkers were surprised and made judge mental faces, but I could care less what the boomers think.

I was excited. I had my appendix removed back in 2016 and it was the same type of surgery so I wasn't worried at all.

I feel emancipated! I feel like I took my life into my hands and it's amazing. Physically, I feel exactly the same.

I can't get pregnant and it's wonderful! So much stress has been lifted off my shoulders.

Life is still full of stress. But the worry of birth control failing isn't one of those anymore!

I honestly didn't do much research. I love my OBGYN and just talked with her.

My period is lighter! I used to have such a heavy flow and while it's still there, it's not nearly as much of a mess.

I actually had a rough time with my appendix so I was surprised when I bounced back very quickly from my ligation.

There have been people who have healed after their surgeries and have gotten pregnant. My doctor didn't just burn my tubes, which is a common way to do the procedure and tends to heal and allow for pregnancy later, she completely removed them so there is no chance of pregnancy.

The gas they used to inflate my stomach for surgery sometimes causes pain afterwards when it gets trapped in your body. I had a bit of pain the first two days, but the nurses told me to walk and move (without disrupting my stitches) to get the gas moving to release.

It's my life. They don't have to like what I choose to do, but I know that I made the right decision for me.

I had a nurse at the hospital on my surgery day that asked me "no more babies?" And I smiled and said "NO babies!" She didn't say anything, but she gave me that judgemental look and I just smiled.

I wish people spoke more openly about it.

I've actually had multiple friends ask me about it and a friend just had hers done this past week! I've told them my story and how fortunate I feel that my doctor was so happy and willing to do it. So many people in America are told no because of so many stupid reasons and it's infuriating. Absolutely. If you know you don't want children and you don't want the risk of getting pregnant, it is such a good choice. Also, no man can guilt you into having a baby afterwards because you literally can't get pregnant!

Thank you for being so patient with me! I hope this helps!

-Anna



