

Permanent Birth Control (Sterilization)

	Female Sterilization These methods block or break the Fallopian tubes so that eggs cannot meet sperm. There are a few ways that clinicians can do this.		Male Sterilization This method prevents sperm from leaving the testes.
	Surgical Methods ("tubal or tubes tied")	Non-surgical Methods (Essure®)	Vasectomy
How does it work?	Clinicians reach the tubes through two small cuts in the belly. Then bands or clips are put on the tubes, or a piece of each tube is removed.	A clinician places a metal coil into each tube. The clinician reaches the tubes through the vagina. There are no cuts.	This method works by snipping the spermatic cord in the scrotum.
How well will it work?	98-99.9%, varies with method	97%	>99%
How much does it cost?	Covered by most insurance plans and Medicaid (if over age 21) If not covered, costs \$1,500 to \$6,000	Covered by most insurance plans and Medicaid (if over age 21) If not covered, costs \$1,500 to \$6,000	Covered by most insurance plans and Medicaid; NOT covered by Medicare If not covered, costs \$350 to \$1,000
Pros	These methods reduce the worry of pregnancy and provide permanent and highly effective birth control. Some methods can be done right after giving birth. Works right away.	This method reduces the worry of pregnancy and provide permanent and highly effective birth control. Women can return to normal activities within 24 hours. Can be done in the clinician's office. No general anesthesia. No cuts.	This method reduces the worry of pregnancy and provides permanent and highly effective birth control. It is more effective and cheaper than most female sterilization procedures. Can be done in the clinician's office. No general anesthesia.
Cons	Women may feel regret. Does not protect against HIV and other sexually-transmitted infections. This method is not for women who cannot use general anesthesia or have certain diseases of the reproductive organs. This procedure must be done in a hospital operating room. The risks include infection, bleeding and reactions to general anesthesia. Rarely, pregnancy may occur. If it does, there is a 30% chance it will be ectopic (outside the uterus). Post-procedure pain may occur and women may need a day or two to recover.	Women may feel regret. Does not protect against HIV and other sexually-transmitted infections. This method is not for women who are sensitive to nickel or have certain diseases of the reproductive organs. Risks include infection and bleeding. It takes up to 3 months to work. A back-up method should be used during this time.	Men may feel regret. Does not protect against HIV and other sexually-transmitted infections. This method is not for men who have a current infection in their penis, prostate or scrotum (such as an STI). Risks include infection and bleeding. Sperm may still be present for up to 12 weeks. A back-up method should be used until a semen test shows no sperm. Post-procedure pain may occur and men may need a day or two to recover.