

**Official Podcast Transcript**

**Title:** Sterilization and Reproductive Justice

**Speakers:** Sonya Borrero, MD, MS

**Duration:** 00:28:17

**Katherine Atcheson (**[**00:05**](https://www.rev.com/transcript-editor/Edit?token=cQprjDDxRNgBXYh8cXubpl-4iN-e0LkEPl1Vr0iEQnUQ_zn3txyfGQ6b6vPlQv2Daai78cUg4Oac0PAeYWv_XNmK7Ws&loadFrom=DocumentDeeplink&ts=5.31)**):**

Hello and welcome to The Family Planning Files, a podcast developed by the National Clinical Training Center for Family Planning. I'm your host, Katherine Atcheson. On today's podcast, we'll be discussing sterilization with our guest, Sonya Borrero, MD, MS. Dr. Borrero is currently serving as Chief Medical and Scientific advisor for the US Department of Health and Human Services within the Office of Population Affairs while on sabbatical from her position of Professor of Medicine at the University of Pittsburgh. Dr. Borrero research and clinical work focuses on advancing reproductive health equity, and she has worked closely with scientific, governmental, and nonprofit organizations throughout her career. Welcome to the podcast Dr. Borrero, we're so excited to have you today.

**Sonya Borrero (**[**00:56**](https://www.rev.com/transcript-editor/Edit?token=fjWSxPZWQrZXzkhDLCOzlElcmJqocAvcWSYIHmYFVQ0nyIBKWTEsBJayPY97kvSN9xOCmtkWeD-qVBO8oCpoABgvek0&loadFrom=DocumentDeeplink&ts=56.85)**):**

I am thrilled to be here. Thank you for having me.

**Katherine Atcheson (**[**01:00**](https://www.rev.com/transcript-editor/Edit?token=B-kPfn_AEyC6fxxxHliE8jE6NkGmUzsAlygb4V1BNh2pgHFFe9xFpYH8psrS56S-l-za9fya1p_PN-YeYNoi3NlAqvk&loadFrom=DocumentDeeplink&ts=60.3)**):**

To start with, can you give our listeners an idea of what sterilization looks like in the US today, such as how popular it is as a method of contraception or how many procedures are done each year. And what about tubal ligation versus vasectomies?

**Sonya Borrero (**[**01:18**](https://www.rev.com/transcript-editor/Edit?token=FITTFraMOB-0NWsBlWTOBzhXWaU3QT_agbcvwuoodOFCrtyzv2gESkDR1NpBhpUC-XuOf3rFv-kp1Zz_blR5x10aK_4&loadFrom=DocumentDeeplink&ts=78.9)**):**

Well tubal or female sterilization is actually the most commonly used method among women in the US today who are age 15 to 49. About 18% of people in that age group used tubal sterilization as their method of contraception, and so all told somewhere around nine to ten million women in the US have been sterilized, and I think there's around 700,000 procedures that take place every year. It's actually quite common, one of the most commonly performed procedures. In contrast, vasectomy is used far less often. There's probably around 300,000 vasectomies that are done each year. And in surveys that query, again US women aged 15 to 49 about what method of contraception they rely on. Whereas 18% of people report tubal sterilization, only about 5% report relying on male sterilization or vasectomy.

**Katherine Atcheson (**[**02:26**](https://www.rev.com/transcript-editor/Edit?token=vg0I4afjB8ZXtjVZwv6J2AX1Yvd_U258T-7GGl4_-6ZvRdHV5dwiHJlSIQWNHtqLBMHQFic9pc5IKIylWqZ2LPAlRLM&loadFrom=DocumentDeeplink&ts=146.88)**):**

And now that we understand kind of the epidemiology of sterilization, getting that snapshot in numbers, can you tell us about how these procedures are currently done in the US and have there been any tubal ligations or vasectomies?

**Sonya Borrero (**[**02:47**](https://www.rev.com/transcript-editor/Edit?token=1e0heNE4F_LV2xrJujhxrvKaZWI7ksnunB4nU7BInIK5ktvvTZP0iVh5r4xZW_aMrIXlxUR-B8WwPi5D4KeN4wsrcUc&loadFrom=DocumentDeeplink&ts=167.37)**):**

Sure. Well one caveat before I describe is that I am not an OB/GYN, I'm an internist. But I do a lot of counseling about sterilization. And so, my description of how it's done is pretty rudimentary. But it's what I tell patients about because, I'm really glad you asked this question, there's a lot of misinformation among patients who are interested in this procedure. For example, tubal sterilization is also known or often called tying one's tubes. And a lot of people misinterpret that to mean that the tubes are actually tied in a nice little bow and therefore they can come untied. In fact, in a lot of research it's been documented that upwards of 30% of people, even those who've had their tubes tied or have had a tubal ligation believe that their tubes will one day come apart or untie themselves. So that's not actually the case.

**Sonya Borrero (**[**03:44**](https://www.rev.com/transcript-editor/Edit?token=aJdMTq9SLiJ55FfrqwBAOLkSuD38VSpmOMVxudqSKi1JCqRzfvkLu2YXX8ZYM_dXJMDnn-kTxuwfr-n0bdI8RwoHrN4&loadFrom=DocumentDeeplink&ts=224.55)**):**

The tubes in fact are cut or blocked in a permanent way so that both ends of the tubes are sort of damaged and cannot reattach. Salpingectomy is a newer approach that's becoming more common because it can reduce the risk of ovarian cancer, and in this case, it means removing the tubes entirely. So, the other misconception is that something is done to the uterus or ovaries during a tubal ligation, and that is not the case. So, people's uterus and ovaries remain intact, and because of that, they continue to produce the same hormones that they normally would and continue to have periods. I also just wanted to say in terms of how this is done, right now about half of all female tubal procedures are done after a delivery right in the sort of postpartum period. And about half are done at a time that is unrelated to a delivery. These are known as interval procedures. So, I would say the only recent development from a technology standpoint is the emergence of salpingectomy as a different approach to sterilization.

**Katherine Atcheson (**[**04:57**](https://www.rev.com/transcript-editor/Edit?token=ElHrsQqq0cVhwFT2Zn0YkAbeAAQ6HQ0FxcNoSVL6x0TGSE_5QU-m-sfk5vF5f-w-g8XGAJKRX63SQeHz1ArLCyYwPmU&loadFrom=DocumentDeeplink&ts=297.03)**):**

And what about vasectomy?

**Sonya Borrero (**[**04:59**](https://www.rev.com/transcript-editor/Edit?token=uV8qVte2ocnm9s67iTUfaZtIsbdGBhUX7eOazElZVYXBGdRBkXVT7bBvYGIUFfs9886u8aMMClmlGs28Y9AOCjgaoCk&loadFrom=DocumentDeeplink&ts=299.1)**):**

Basically, what it does is blocks, again, the tubes that allow sperm to enter semen. And so that's essentially what it's doing is producing semen with no sperm, and it is a much more easily done procedure in the office, and the recovery is easier than a tubal sterilization. So, we like to tell patients that as well.

**Katherine Atcheson (**[**05:22**](https://www.rev.com/transcript-editor/Edit?token=NEXp1j5bqv4-60-Y4GbF0SKN9IfOXf1pHkrOdTttl7fUr4lWnEwIYPzV97bZXv-1s3hbc9MvXFic4DcP8n2KSGFean8&loadFrom=DocumentDeeplink&ts=322.59)**):**

To kind of look at things historically, unfortunately, the US had a long history of forced sterilization, especially in women and other vulnerable populations such as people with cognitive disabilities or mental illness or people of color, which can make this a challenging topic for clinicians to approach with their patients or provide counseling. Can you speak a little bit about this history of sterilization and how sterilization today can fit in the reproductive justice framework and kind of move from that coercive practice?

**Sonya Borrero (**[**06:04**](https://www.rev.com/transcript-editor/Edit?token=gQzxsZv1L_L1a7UUu82F4CvKf6nZVSdZFnE9YETx86A4E5IQ7t9N2yEIKYNECNS2u0s3bpljZAi3hklvD_VrgXNmeic&loadFrom=DocumentDeeplink&ts=364.44)**):**

As you said, the US does have assorted history and legacy of sterilization abuses throughout the 20th century. So, in the early 1900s, a lot of states passed eugenical legislation really allowing involuntary sterilization of women in particular deemed unfit to reproduce. So, you already brought up some of those examples. It was a wide basket of people including the poor death, those deemed feeble-minded, non-white individuals. And so, this really, it was quite prevalent in the early half of the 20th century. After World War II, the tolerance for eugenicist principles and eugenic thinking really waned, especially in response to reports of Nazi atrocities, which of course were grounded in a eugenic ideology. However, we saw a second wave of coercive sterilization practices into the 1970s as part of poverty prevention tactics. And these sterilizations, unfortunately were financially supported by state and federal governments and occurred again disproportionately among low-income people and people of color.

**Sonya Borrero (**[**07:22**](https://www.rev.com/transcript-editor/Edit?token=fhxnzgZnd2jDu5rLUGnQXIN840r580pvSnPTPZE3lYuFjx0TJ-yGe9RVoQ3cSzSM6-inl4zySiaeZmBm0HfZWU-q9i4&loadFrom=DocumentDeeplink&ts=442.95)**):**

And in response to a public outcry really accusing the government of racist and classist application of family planning funds and programs, the precursor of the current US Department of Health and Human Services was called the US Department of Health, Education and Welfare developed strict regulations for federally funded sterilizations in an attempt to ensure informed and voluntary consent. We can get into that a little bit. I just want to say like now we're seeing a lot of other issues that are impeding people's reproductive autonomy. While I want to say that the potential for coercive sterilization remains alive and well, especially in a society that differential values people's reproduction, there's a number of countervailing forces that are also impeding people's reproductive autonomy. So, for example, the implementation of the Medicaid consent regulations that I just referred to were obviously well-intentioned, meaning to protect marginalized populations.

**Sonya Borrero (**[**08:24**](https://www.rev.com/transcript-editor/Edit?token=OBgzeUM3gxy-KnppfjYN2v3fXkQRxEj01UTYuCx75Zxm9fAP8rXPwuK2u28e8Dlmwtoe8LWy52AVDL7sl_2yjbOwk_g&loadFrom=DocumentDeeplink&ts=504.27)**):**

But there's emerging data now that policy as it currently stands, impedes access to desired sterilization for a lot of low-income people. One of the pieces of this policy requires that individuals who are requesting a federally funded procedure have to sign a consent form 30 days prior to the desired procedure. And so, what's happening is that the mandatory 30-day waiting period, and then the need for successful transfer of the signed consent form to the delivery unit pose logistical barriers for pregnant people who want sterilization immediately after giving birth. It's important to know that people with private insurance do not have to adhere to any sort of waiting period. So, a lot of people requesting a postpartum sterilization say they either signed the consent form too late in their delivery to ever satisfy the 30-day waiting period, or they deliver early, or they forget to bring the consent form and then they can't get the procedure that they want.

**Sonya Borrero (**[**09:33**](https://www.rev.com/transcript-editor/Edit?token=SnL0fln-aflKTidi8wWlePZMaJf6Y1YOQ2wjGoLWiL5tx3o4TuqSkQzpV3XUHrrZhOppIv9ATUHxFGXhywyOTPT2ipM&loadFrom=DocumentDeeplink&ts=573.03)**):**

In addition, we've heard a lot of people report restricted access to a desired sterilization procedure because of provider reluctance to perform it for a variety of reasons, including concerns that the patient will ultimately regret their decision. They're too young, that they may have another partner in the future and desire children with the new partner. So the reproductive injustices, I think in today's context are varied when it comes to sterilization. On the one hand, we have a history and even current examples of people from marginalized communities, including people who've been incarcerated, immigrant detainees who are being involuntarily sterilized, but we also have regulations and biases that impede people, especially low income people and otherwise marginalized people from getting a desired procedure. So I think that the root of these two phenomena is the same, the impulse to regulate some people's reproduction and their reproductive decisions, and as many of our reproductive justice colleagues pointed out, regulating people's reproductive decisions has been a longstanding agent of racial and gender oppression in this country. So it's complicated, and like I said, the reproductive injustices take different forms when it comes to sterilization.

**Katherine Atcheson (**[**11:01**](https://www.rev.com/transcript-editor/Edit?token=xgK4nSCFrzCvdU1ZeQHJttO-osPIhUXFXh_i1nOZu9i56hYRQgJcb1z36k4KgYILKOu22x77jqygiDVZPGDe-FKfvok&loadFrom=DocumentDeeplink&ts=661.98)**):**

That kind of leads us well into our next question, talking about that modern context. Anecdotally we've heard, and also seen news reports a lot about a rising interest in and requests for sterilization, particularly vasectomy post-Dobbs decision.

**Sonya Borrero (**[**11:20**](https://www.rev.com/transcript-editor/Edit?token=TDXohDzgR6e5JdKzC7P0EN4A-fZkOAQjRgHdWfn2_RicXFd2sj_mtxho0-PA8brLTQncHYk93sJ54xBZMdXsNzCZs2E&loadFrom=DocumentDeeplink&ts=680.01)**):**

Yeah.

**Katherine Atcheson (**[**11:20**](https://www.rev.com/transcript-editor/Edit?token=9Jp7iNes4hux-Oge1UFZsHSya_SITLS5_tDDKjOjRn86qmHksyzUl5tvcJQEjfQRWTgSQIa9abzlabFeRdsfV34ujq8&loadFrom=DocumentDeeplink&ts=680.55)**):**

Do you see this trend in your own practice and do you see it potentially continuing? And what are some ways clinicians can address and work with this kind of new interest-

**Sonya Borrero (**[**11:33**](https://www.rev.com/transcript-editor/Edit?token=StKIKNyryR4as5ygbBbsu_RhFq50g3_Wjydnf41H6i9NCAkC59_vXS7SWwBUqKv8SlYmEkQdRtI0YLRTzb0Gj3fwKCI&loadFrom=DocumentDeeplink&ts=693.21)**):**

Yeah.

**Katherine Atcheson (**[**11:33**](https://www.rev.com/transcript-editor/Edit?token=d51PzL-NOrOvJF7pwSwWjs0J7AKIZA3n47gVkmerVjGxACOTRMPFvYFFUI5a7vtf1gfeJCcGIneUHirfJ6ZQnvoZp8A&loadFrom=DocumentDeeplink&ts=693.51)**):**

They're seen in a lot of patients.

**Sonya Borrero (**[**11:34**](https://www.rev.com/transcript-editor/Edit?token=H1GAcNOb2cR2aWRDKvB_-isoYLsQLxUUvXIs1YtxgjcmA9QZmAdwVID4PhKfTpPbAnYukzCnGJZPRQql4lW-XOBddcQ&loadFrom=DocumentDeeplink&ts=694.89)**):**

Yeah. Thank you for raising this. Yes. I think anecdotally, not only myself, but a lot of my colleagues have been reporting an increasing demand for both female and male sterilization. And you're right, I think, in particular, the rising demand in vasectomy has been notable because that has not always been, as we talked about in the opening statements, that's not always been a particularly popular form of contraception. I think some urologists are counting anywhere from a threefold to a 900% increase in requests for consultation. So, I think given all of the misinformation out there about health in general, about health technologies and about sterilization in particular, I think it's really important when you've got this kind of external force driving people towards a specific method that we are ensuring that they have the information they need to make high quality decisions that are right for them.

**Sonya Borrero (**[**12:42**](https://www.rev.com/transcript-editor/Edit?token=yQsSUxaYQiLaP4LNE1Af0BXQElz9StdOy3-ZHHEdLPi01XarrIu_PdhBz8RfNzFa6nCUtSUs4iSKtWGe6lH3UdnbCHc&loadFrom=DocumentDeeplink&ts=762.6)**):**

And so, I think that's of critical importance right now. It’s just misinformation abounds and not only just delivering information, delivering information that is meaningful and salient to that person. I think it's been so striking to me in a lot of the research we've done that people don't understand the very basic and key characteristics of sterilization, including its permanence, including what body parts are affected, what it means for continuing to have periods. People just don't have that basic information. And so I think making sure that people have, again, the relevant information that they need to make decisions that are right for them.

**Katherine Atcheson (**[**13:29**](https://www.rev.com/transcript-editor/Edit?token=HiUtUSLZvJR-gcytQy0emGXs30_hUhdlKP3V7Mo3bNIz4vWmdLS_U9fifDyFUmmgHqGgXdq1UKXIO39hkrmwBKcLeGQ&loadFrom=DocumentDeeplink&ts=809.22)**):**

And once again, a great segue into my next question. For example, a patient comes into your clinic, Dr. Borrero, and asks about sterilization. Says it's been on their mind. What are some general best practices or tips you would tell other clinicians or that you would implement in your own practice in terms of providing that counseling and referral?

**Sonya Borrero (**[**13:54**](https://www.rev.com/transcript-editor/Edit?token=aA_AwfjD39ePe_6obbT64pYNKQcBRMIHzf6JBiTtdVR14GZ6CqYDH1bLL29upsWFLR4yoxCmL244HnWk9OQ3WKapRBQ&loadFrom=DocumentDeeplink&ts=834.99)**):**

Well, first of all, I think really understanding what the patient's reproductive goals are, making sure that they understand that this is a permanent procedure. It should not be considered one that is easily reversible, if they are at all considering having future children via child's bearing, that this is likely not a great fit for them. And so, I think just making sure that the permanence is well understood. And a lot of times I use talk back teaching methods. Let's just make sure you understand. I know there's a lot of information here, can you tell me what you heard? But again, we've heard a lot of misinformation, and I repeated this before, but I think it bears saying, again, making sure they understand what's happening in their body.

**Sonya Borrero (**[**14:42**](https://www.rev.com/transcript-editor/Edit?token=5eShTqIqX3CLh9nyksEnHWN2eWziO-HafCpuFIKUJFB2A2Zk0-GUdOrtBnqUM3X7cVEFtVxZAK7qsQAZsT4ZoOsHlE4&loadFrom=DocumentDeeplink&ts=882.42)**):**

The other piece I think that people don't understand is that it’s actually, female sterilization is a surgical procedure that requires anesthesia. Sometimes people don't understand that. Making sure that they know that there are other methods that are as effective as sterilization but are reversible. People are not always only looking for effectiveness. Sometimes sterilization is desired because it's so convenient, it's kind of a one and done. So just sort of assessing what the patient's kind of goals are in their contraceptive method and making sure that you are talking about alternatives that could potentially meet those preferences. And I've mentioned this before for women, if they have firm producing partner talking about vasectomy as an alternative.

**Sonya Borrero (**[**15:34**](https://www.rev.com/transcript-editor/Edit?token=2I2Gy-hzYIJKR1JanZPonvGmGSocke-OsU4vzbvayQ_MGsKcXlSSlzy-Joc969BpXVeGwK3pqB38gEOPpf2vG4DEl5U&loadFrom=DocumentDeeplink&ts=934.29)**):**

And then another thing, we started to talk about it, postpartum sterilization does not always happen for a variety of reasons. One of the most common is that people don't have their Medicaid consent form signed or available. But there's also a bunch of other reasons, including lack of OR time or personnel. And so, we often counsel that if you are hoping to get your tubes tied in the postpartum period while you're still in the hospital, it may not happen for a variety of reasons. We try and make sure that we've closed all the loops that we can, but I think it's smart to think about a backup method in that case. So, I often counsel about backup methods just in case they're unable to get their desired sterilization.

**Katherine Atcheson (**[**16:21**](https://www.rev.com/transcript-editor/Edit?token=VfF8-lpGFMd0C9uTmzMvfqAj4UaAuyO0s5nkpQrRwvKFRCI89HY5LhgZyQrZMdCPXIlZepwaDMp4Hkh2ZK-yUMS50b4&loadFrom=DocumentDeeplink&ts=981.99)**):**

And touching on the concept of permanence, when the topic of sterilization comes up, sometimes people speak about reversal, particularly around vasectomy. Can you speak a little bit about what a vasectomy reversal is, how effective or not effective they are, and how questions around reversal should be addressed?

**Sonya Borrero (**[**16:46**](https://www.rev.com/transcript-editor/Edit?token=7CcYX92Db1xhgRmqC5PCbhMYIrB3YV-6zw30XK-g_PqPTZIk11-fv5PtoVyacnT9PiUl1pPBx584yiJVNNlydHmFlyw&loadFrom=DocumentDeeplink&ts=1006.47)**):**

Yeah, that's a great question because that's another area of a lot of misinformation. Again, I think in studies somewhere around 40% of people believe that reversal for sterilization is easy and can easily restore fertility, and that is not the case at all. First of all, if you get a salpingectomy, which remember is removing the tubes entirely, it is not at all reversible. But for tubal ligations and vasectomies, you can certainly try to reverse, but there is absolutely no guarantee that you'll be able to achieve a pregnancy. So, the other important piece of information is that reversal attempts are not typically covered by insurance. So, the way I address it is if there's any doubt about whether you may want to again have children via child's bearing or pregnancy, sterilization may not be the right fit. But good news, we've got a lot of other methods that either are as effective if effectiveness is what they're going for, or could be as convenient, or we have non-hormonal methods that are reversible if that's kind of what they're looking for. So, I think we really try to downplay and address misinformation around reversal because I agree there's a lot of discussions among networks because everyone knows someone who had a reversal and it worked or whatever, but it's really not a guarantee. And I don't have an exact percentage, but low percentage of success for future childbearing.

**Katherine Atcheson (**[**18:27**](https://www.rev.com/transcript-editor/Edit?token=t7P7EJGrkWs0mAxB1nkgAsmPxq6KStNqZRKEcblfMhkZlFvMrvoF670VRCOH8q8yH4Ci5O6P9YmOWxma_19Z7zmNCzU&loadFrom=DocumentDeeplink&ts=1107.93)**):**

Since the majority of our listeners are clinicians or clinically focused staff in Title X settings. I'd like to go back a little bit to talking about the Medicaid requirements around sterilization and other requirements that our Title X clinicians should keep in mind when providing that counseling and referral.

**Sonya Borrero (**[**18:50**](https://www.rev.com/transcript-editor/Edit?token=j0trPP640XYHAmPx0Pyl3DL5koLPNLSCc-8meX_8ImdUPuzRPPVdidhmANxVFvoETYM_shkZXAZ-Pq-Oj8Ymrnb2uIY&loadFrom=DocumentDeeplink&ts=1130.73)**):**

Yeah, that's great. I think a lot of people are not aware of the Medicaid consent requirements. So again, in Title X clinics, we have a significant proportion of patients with Medicaid insurance and it's really critical to remind them that in order to get a federally funded procedure, they have to have a consent form that is signed at least 30 days prior to the procedure, and it expires after 180 days. So, for example, if the patient is pregnant and they want a postpartum sterilization procedure, it's really important that they signed the consent form at least 30 days prior to their estimated due date, but not too early because it will expire at six months. So, it's this sort of balancing act in terms of trying to find the right time. So that's really important.

**Katherine Atcheson (**[**19:49**](https://www.rev.com/transcript-editor/Edit?token=PTPw-HG5ZUGpXQ_Q2v0tCvFyFli3e3AkzJtDrogad7yvYg26t4jrnIFopJqc21y_ohL5wByp2GzwJRZ-tfrpReMeLfg&loadFrom=DocumentDeeplink&ts=1189.86)**):**

And also referring back to our earlier discussion on the role of sterilization in both reproductive justice and reproductive injustice, are there considerations you would recommend that clinicians keep in mind when counseling clients from potentially vulnerable or marginalized populations? So again, people who live under the poverty line or maybe justice involved, things like that?

**Sonya Borrero (**[**20:17**](https://www.rev.com/transcript-editor/Edit?token=aHKMjkv7KlGFNBS0bwSr9OatjV-DKLDjWFpG1Ah8fcNk_2u4S4LZXqUap3qk2svgd1a9uDKakW54VsQS0xH_7aoOfsc&loadFrom=DocumentDeeplink&ts=1217.25)**):**

Yeah. Yes. So, I think first and foremost, really listening and centering their preferences. So, asking them in a very open-ended way about what their reproductive wishes, goals, desires are for the future, and making sure that your conversation and discussion put that at the center. So, for example, I think a lot of providers biases can come out, especially around sterilization. Because we make a lot of assumptions about who might want future children or whose decision making may be compromised by X, Y, or Z. And so, I often ask them, again, tell me a little bit about what your goals are for your future in terms of family formation. And my goal is simply to give you the information you need to make the right decision for you and your family. I mentioned before that when it comes to sterilization, a lot of providers are reluctant to perform the procedure for a variety of reasons.

**Sonya Borrero (**[**21:32**](https://www.rev.com/transcript-editor/Edit?token=xMJmmrYm69mG-4MoqO--ld1POFdHg_oWZEujn76H8qbDjJR50yd8NXQ-Dqq1hPw1dR-0OOGR-1HDe7Ut3COMYgS6sgY&loadFrom=DocumentDeeplink&ts=1292.16)**):**

They do fear that patients will regret their decision, especially if the patient is young or has either no children or few children. And patients have reported to us that they feel that that actually undermines their reproductive autonomy and their decision making. When providers continue to ask them, are you sure, are you sure, you might X, Y and Z, or you might want this. They feel that their decision-making capacity is not trusted. And so, I think it's just really important, again, to ground the entire discussion in their stated preferences and making sure that the information you give is what's meaningful for them for their decision making.

**Katherine Atcheson (**[**22:17**](https://www.rev.com/transcript-editor/Edit?token=bXXOx0eq_j0o0yu5BvyovlyiOoYObTGZRBrnLT7WFil3pBFx3LrHaU46epvHiON49sYJXJFBhZjewSdIcX8VDHPnwK4&loadFrom=DocumentDeeplink&ts=1337.58)**):**

Obviously, this has just been a taster of sterilization and reproductive justice and hopefully we'll be seeing this continued interest in sterilization as we move into the future. But what are some good resources for clinicians to learn more about providing sterilizations or counseling and referral, or even just the reproductive justice and ethics around sterilization?

**Sonya Borrero (**[**22:45**](https://www.rev.com/transcript-editor/Edit?token=n4k83UbABZfPBM_inUc-NU94AF96RoMYi7fHlQaQIB4yUenor72nucw_LX8VkgLmg41F3JdtRfQELHBSd7Y0lC40Q1Y&loadFrom=DocumentDeeplink&ts=1365.33)**):**

Oh my goodness, there's so many great resources. I think for just very practical information, Bedsider is always a great option for clinicians to quickly look to. I just would love to put in a plug for our group at the University of Pittsburgh, we have developed a decision aid for people making tubal sterilization decisions, and it's been tested in a large multi-site randomized control trial. And preliminary results are hot off the press. We have found, so you're hearing it here first, we have found that the decision aid actually significantly increased people's knowledge about tubal sterilization and alternative methods as well as decreased decisional conflict. So hopefully that will be a great resource for patients that providers can, it's not quite ready for primetime because we've got some longitudinal data to collect, but that will ultimately be, I think, a great resource. And oh my goodness, there's so many things to read about reproductive justice and sort of the history of sterilization. Loretta Ross has a primer on reproductive justice. Dorothy Roberts, who was my initial introduction into this space 17 years ago. So again, practically speaking, in terms of supporting counseling, I would say Bedsider, and then stay tuned for our decision aid, my decision.

**Katherine Atcheson (**[**24:21**](https://www.rev.com/transcript-editor/Edit?token=JPDpvGg2LX7oOglsfL5a34gRSrG5Lf4r7GcvWr7MmrX-HYVhrtXAERGwHWVdrtGAcWZ3xOmBn2HrfJhnCRbx1RMQy90&loadFrom=DocumentDeeplink&ts=1461.09)**):**

Wonderful. Well, this has been an absolutely fascinating discussion Dr. Borrero, but unfortunately all good things do have to come to an end. But before we say goodbye, what would be your top takeaways for our listeners, the one thing they remember from this podcast and take with them as they return to their clinical practice?

**Sonya Borrero (**[**24:44**](https://www.rev.com/transcript-editor/Edit?token=cWj0b2pehpiPNlpAnh6rEolSFqA0ktLAitdgvwkd4YhWkMW5yhuJxwQcuLMSzqNDwd_-wzyzBSqPMg8hM8lCMeBnHGc&loadFrom=DocumentDeeplink&ts=1484.37)**):**

Oh, great question. I think contraceptive technology has been both an agent of liberation when it's accessible and fully autonomously controlled, but it can also be an agent of oppression. And I think sterilization and the history of sterilization abuses in this country offers perhaps the most extreme example of that, especially because sterilization permanently removes people's capacity for childbearing and has been weaponized against marginalized populations. I think really understanding this and aiming to achieve a patient-centered approach when you're talking to patients about this particular form of contraception, making sure that you are providing the information that patients need to make high quality decisions for themselves. I want to caution providers from allowing fear of regret to lead to more directive counseling that can undermine the patient's reproductive autonomy. So, thinking much more about your approach as you're talking to patients, especially those from historically marginalized communities, and what the history of sterilization could or does mean to them.

**Katherine Atcheson (**[**26:00**](https://www.rev.com/transcript-editor/Edit?token=11GQd6cD31s4juIqlk8cYE6L0i4wqGRlboACUCJNvWnfsHR12CtWg_1dmvNAHsNsoL_p0M4fBQQsp4Qm72h-oCiZpnE&loadFrom=DocumentDeeplink&ts=1560.72)**):**

Well thank you so much for joining us today Dr. Borrero, and for sharing your time and expertise. For more content, including previous podcast episodes, search for The Family Planning Files or subscribe to our show on iTunes, Google Podcasts, Spotify, Stitcher, or wherever you listen to podcasts. For a transcript of this podcast as well as other online learning activities and continuing education opportunities, please visit our website at www.ctcfp.org. While you are there, you can sign up to receive our newsletter, Clinical Connections, at the top of the page. You can also follow the National Clinical Training Center for Family Planning on Twitter at nctfp, all lowercase. And now on LinkedIn. The National Clinical Training Center for Family Planning is funded by the Office of Population Affairs to provide continuing education, training and technical assistance to Title 10 grantees, sub recipients and Service Sites. And is supported by DHHS grant number 5 FPTPA 006031-02-00.

**Katherine Atcheson (**[**27:13**](https://www.rev.com/transcript-editor/Edit?token=-CTOq5FHDOUyhVLTaU-w4XU-uxJhtd7tX87y8KrKgixorrVNQdiquJHo6-34lOseGP06lr9jArjVoOMlGPIzQ4RuTX8&loadFrom=DocumentDeeplink&ts=1633.92)**):**

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