

Contraception After Having a Baby

Contraception should be discussed soon after giving birth. Until your baby is 21 days old you cannot become pregnant. After that you will need contraception. There are many choices available for women. If you feel your family might be complete, long-acting methods or sterilisation should be discussed. If you want to have more children, choose an option that is easily stopped so your body can return to normal.

When will I be fertile again?

The time for fertility to return is very variable between women. It is important not to take any risks, if you do not want to become pregnant again. Therefore, you should decide on the type of contraception you are going to use as soon as possible after having a baby. You will need contraception from 21 days after your baby is born.

Your periods usually return about four to ten weeks after your baby's birth if you are bottle-feeding, or combining breast and bottle. If you are breast-feeding then your periods may not start until much later. For some women this might be after you have stopped breast-feeding.

How soon can I have sex again?

You can have sex as soon as you and your partner feel ready to. Some people find it takes a while to feel ready, both physically and emotionally. If you have had stitches, then these are usually dissolvable so will not need removing. If you are having any discomfort from these then you should see your doctor or midwife. Some women find they need to use some vaginal lubricant if they feel more dry than normal.

Where can I get contraception from?

If you had your baby in hospital, you might have discussed contraception with your midwife before you were discharged home. You will also be asked about contraception at your six-week (or eight-week) postnatal check. You can discuss it at any time with your health visitor, midwife, GP or local family planning clinic.

Is breast-feeding an effective contraceptive?

When you breast-feed, a hormone called prolactin is produced by your body, which stimulates the production of your milk. Prolactin also blocks the release of the hormones which make you produce an egg. This means that you are less likely to become pregnant whilst you are breast-feeding.

You can use breast-feeding (the lactation amenorrhoea method) for contraception if you are:

- Fully breast-feeding (your baby is not having any solids or any other liquid), or you are nearly fully breast-feeding (you are mainly breast-feeding and only giving your baby other liquids very infrequently), AND
- Not having periods, AND
- Six months or less since having your baby.

You should know that 2 women in every 100 using this will become pregnant within that six months. When you stop fully (or nearly fully) breast-feeding, you can get pregnant. Many women decide to use some contraception in addition to breast-feeding, to reduce their risk of an unplanned pregnancy. There are methods available that will not affect your ability to produce milk.

How effective is contraception?

All the methods of contraception listed below are effective, but none is 100% reliable. The reliability for each method is given in percentages. For example, the contraceptive injection is more than 99% effective. This means that less than 1 woman in 100 will become pregnant each year using this method. When no contraception is used, more than 80 in 100 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. You have to use them properly or they are less effective. For example, the 'pill' is more than 99% effective if taken correctly. If it is not taken correctly (for example, if you miss a pill or have vomiting) then it becomes less effective. Other 'user-dependent' methods include barrier methods, the progestogen-only pill (POP) and natural family planning.

Some methods are not so 'user-dependent' and need to be renewed only infrequently or never. These methods include the contraceptive injection, contraceptive implant, intrauterine contraceptive devices (IUCDs) - also known as coils - and sterilisation.

What are the different methods of contraception?

When you choose a method of contraception you need to think about

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- If you have a medical condition, or take medicines that interact with the method.

The types of contraceptives can be divided into short-acting, long-acting and permanent. If you are planning on having another baby in the next year or so then you should consider a short-acting contraceptive.

There are separate leaflets on each method for more details.

Short-acting contraceptives

Combined oral contraceptive pill (COCP)

The COCP is often just called 'the pill'. Approximately 1 woman in 300 using the pill correctly will become pregnant each year. It contains oestrogen and progestogen and works mainly by stopping egg production (ovulation). It is very popular. Different brands suit different people.

- *Some advantages* - it is very effective. Side-effects are uncommon. It helps to ease painful and heavy periods. It reduces the chance of some cancers. When you stop taking it, you quickly become fertile again.
- *Some disadvantages* - there is a small risk of serious problems (eg blood clots). Some women have side-effects. You must remember to take it. It can't be used by women with certain medical conditions, such as uncontrolled high blood pressure .

The COCP can be started from 21 days after the birth. However, it is not recommended if you are breast-feeding, as it can affect your milk supply.

Progestogen-only pill (POP)

The POP used to be called the 'mini-pill'. It contains just a progestogen hormone. It is more than 99% effective *if used properly*. It is commonly taken if the COCP is not suitable, such as in breast-feeding women, smokers over the age of 35 and some women with migraine. It works mainly by causing a plug of mucus in the neck of the womb (cervix) that blocks sperm. It also thins the lining of the womb, making it less likely the egg will implant. One type (Cerazette®) stops ovulation.

- *Some advantages* - less risk of serious problems than the COCP. When you stop taking it, you quickly become fertile again.
- *Some disadvantages* - periods often become irregular. Some women have side-effects. Most types are not quite as reliable as the COCP.

The POP can be started from 21 days after the birth. You need to remember to take it at the same time every day because, if you take a pill more than three hours later than usual (12 hours for a POP called Cerazette®), you lose protection.

Contraceptive patch

This contains the same hormones as the COCP, but in patch form. If used correctly, less than 1 woman in 300 will become pregnant using it. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK, called Evra®.

- *Some advantages* - it is very effective and easy to use. You do not have to remember to take a pill every day. Your periods are often lighter, less painful and more regular. If you have vomiting or diarrhoea, the contraceptive patch is still effective. When you stop using it, you will quickly become fertile again.
- *Some disadvantages* - some women have skin irritation. Despite its discreet design, some women still feel that the contraceptive patch can be seen.

The contraceptive patch can be started from 21 days after the birth. However, it is not recommended if you are breast-feeding, as it can affect your milk supply.

Barrier methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the uterus. If used properly about 2 women in 100 will become pregnant. Other barrier methods are slightly less effective than this.

- *Some advantages* - no serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available. Your fertility is not affected by these methods.
- *Some disadvantages* - not quite as reliable as other methods. They need to be used properly every time you have sex. Male condoms occasionally split or come off.

You can use male and female condoms as soon as you feel ready to have sex.

Natural methods

This involves fertility awareness. Between 1 and 9 women per 100 will become pregnant using this method. It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions.

- *Some advantages* - no side-effects or medical risks.
- *Some disadvantages* - it is not as reliable as other methods. Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.

The lactation amenorrhoea method (as above) is suitable for the first six months after having a baby, if you are only breast-feeding and do not have a period. 2 women in 100 will conceive during that six months using this method.

Long-acting contraceptives

These are more suitable for women who do not want to get pregnant again or for a few years.

Contraceptive injection (such as Depo-Provera® and Noristerat®)

This contains a progestogen hormone which slowly releases into the body. It is very effective. Fewer than 4 women in every 1000 using it will become pregnant after two years. It works by preventing ovulation and also has similar actions as the POP. An injection is needed every 8-12 weeks.

- *Some advantages* - it is very effective. You do not have to remember to take pills.
- *Some disadvantages* - periods may become irregular (but often lighter or stop all together). After stopping, there may be a delay in your return to normal fertility for several months. Some women have side-effects. You cannot undo the injection, so if side-effects occur they may persist for longer than 8-12 weeks.

It is usually recommended that you wait until six weeks after the birth to start the contraceptive injection because you may get heavy and irregular bleeding. However, it is possible to start it earlier if there are no other alternatives for you.

Contraceptive implant (such as Nexplanon®)

An implant is a small device placed under the skin. It contains a progestogen hormone which slowly releases into the body. Less than 1 woman in 1,000 using the implant will become pregnant each year. It works in a similar way to the contraceptive injection. It involves a small minor

operation using local anaesthetic. Each one lasts three years.

- *Some advantages* - it is very effective. You do not have to remember to take pills. You quickly become fertile again when the implant is removed.
- *Some disadvantages* - periods may become irregular (but often lighter or stop altogether). Some women develop side-effects but these tend to settle after the first few months.

Intrauterine contraceptive device (IUCD)

A plastic and copper device is put into the womb. It lasts five or more years. Fewer than 2 women in 100 will become pregnant with five years of use of this method. It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper also has a spermicidal effect (kills sperm).

- *Some advantages* - it is very effective. You do not have to remember to take pills. You quickly become fertile when it is removed.
- *Some disadvantages* - your periods may become heavier or more painful. There is a small risk of serious problems.

An IUCD can usually be fitted 6-8 weeks after giving birth.

Intrauterine system (IUS)

A plastic device that contains a progestogen hormone is put into the uterus. The progestogen is released at a slow but constant rate. Fewer than 1 woman in 100 will become pregnant with five years of use of this method. It works by making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from the neck of your womb. It is also used to treat heavy periods (menorrhagia).

- *Some advantages* - it is very effective. You do not have to remember to take pills. Periods become light or stop altogether. You quickly become fertile when it is removed.
- *Some disadvantages* - side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely, as little hormone gets into the bloodstream.

An IUS can usually be fitted 6-8 weeks after giving birth.

Sterilisation - a permanent method of contraception

This involves an operation. It is very effective but this can vary from surgeon to surgeon. Vasectomy (male sterilisation) stops sperm travelling from the testes. Female sterilisation prevents the egg from travelling along the Fallopian tubes to meet a sperm. Vasectomy is easier as it can be done under local anaesthetic. These methods are often used when your family is complete. You should be sure of your decision as they are difficult to reverse.

- *Some advantages* - very effective. You do not have to think further about contraception.
- *Some disadvantages* - very difficult to reverse. Female sterilisation usually needs a general anaesthetic.

If you have Caesarean section, the surgeon may sterilise you at the same time, if you are very sure of your decision. Or you can return later when you and your partner have decided.

Can I still use emergency contraception after having a baby?

Emergency contraception can be used at any time if you had sex without using contraception. Also, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.

- *Emergency contraception pills* - are usually very effective if started within 72 hours of unprotected sex. They can be bought at pharmacies or prescribed by a doctor. An emergency contraception pill works either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb.
- *An IUCD* - inserted by a doctor or nurse, can be used for emergency contraception up to five days after unprotected sex.

You will not need emergency contraception if you have unprotected sex within 21 days of having your baby. You cannot get pregnant so soon after childbirth.

Further information

This leaflet is just a brief account of the available methods of contraception after having a baby. Ask your practice nurse, doctor or pharmacist if you want more detailed information about any of these methods.

The fpa (formerly the Family Planning Association) also provides information and advice.

fpa's helpline: 0845 310 1334 or visit their website www.fpa.org.uk

References

- [Contraception - assessment](#), Prodigy (Sept 2007)
- [Long-acting reversible contraception](#), NICE Clinical guideline (October 2005); *(the effective and appropriate use of long-acting reversible contraception)*
- [Contraceptive Choices for Young People](#), Faculty of Sexual Health and Reproductive Healthcare (2010)
- [Progestogen-only Pills](#), Faculty of Sexual and Reproductive Healthcare (2009)
- [Intrauterine Contraception](#), Faculty of Sexual and Reproductive Healthcare (2007)

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