



Patient Information

Contraception After Birth

Why is contraception important?

Contraception may be the last thing on your mind when you're pregnant or just had a baby, but it's something you need to think about if you want to delay or avoid another pregnancy following your birth.

A gap of less than 12 months between childbirth and conceiving again is associated with an increased risk of pre-term birth, low birthweight and small for gestational age babies.

Thinking about contraception early (during pregnancy) means you can consider your options and make an informed choice soon after birth.

How soon do I need to use contraception?

We recommend you start using contraception from 21 days after birth. The earliest your periods can return is five-six weeks afterwards, although breastfeeding usually delays the return of your periods.

You can become pregnant before your period returns because ovulation (releasing an egg) occurs about two weeks before you get your period. Don't wait for your periods to return or until you have your postnatal check before using contraception as you could get pregnant again before then.

Can I rely on breastfeeding as my contraceptive method?

If you're fully breastfeeding, it can be up to 98% effective in preventing pregnancy for up to six months after birth. This is only the case if you are fully (or nearly fully) breastfeeding, your baby is less than six months old, and you haven't had a period since your birth.



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The risk of pregnancy increases if you start breastfeeding less often (both day and night) if you use supplement feeding, you express milk, if your baby uses dummies/pacifiers or if your periods return.

It can often be difficult to predict when these changes to your breastfeeding routine might occur, so we advise using another method of contraception as well as breastfeeding.

Which contraceptive method will be suitable for me?

This will depend on what you and your partner prefer, your medical history, any problems you had in your pregnancy, and if you're breastfeeding. This leaflet will give you information on the different types of contraception offered through the Great Western Hospital. The clinician providing you with your chosen method will review your medical history to ensure it is safe for you.

Can I start using contraception straight after birth?

Yes. There are many safe and effective methods of contraception you can use after the birth of your baby.

What contraception choices do I have immediately after birth?

Our aim is to provide you with one of the below four methods of contraception following delivery. Sometimes this might not be immediately possible, in which case please ask your midwife or doctor on the postnatal ward to signpost you to the best way of accessing your choice (either through the sexual health service or your General Practitioner GP).

Male and female condoms can be safely used by women after childbirth. These can be beneficial in preventing sexually transmitted infections but they are considered one of the least effective contraceptive methods.

Approximately 1 in 5 users will get pregnant within a year using condoms.

The progesterone-only pill ('mini pill') is a small pill that should be taken at the same time every day. The pill contains the hormone progesterone, which thickens cervical



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mucus to prevent sperm reaching an egg. In some cycles it stops ovulation. With typical use 9 in 100 users will get pregnant in one year.

- Advantages: this may help with premenstrual symptoms and painful periods. When stopped, your fertility will return to normal.
- Disadvantages: periods may stop, or be irregular, light, or more frequent. There may be temporary side effects such as acne, breast tenderness, weight change, headaches and you may get ovarian cysts.

Is it safe in breastfeeding?

Yes. A very small amount of the hormone will enter the milk, but no evidence has shown that this will harm your baby. It has no adverse effects on your ability to breastfeed or your baby's growth and development.

The progesterone-only implant is a small flexible rod put under the skin of the upper arm. It releases the hormone progesterone. The progesterone stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the womb to prevent a fertilised egg implanting. Fewer than 1 in 100 users will become pregnant in one year.

- Advantages: it works for three years, but can be taken out sooner. You don't need to think about contraception for as long as it is in place. When the implant is removed, your fertility will return to normal.
- Disadvantages: periods may stop, be irregular or last longer. It requires a small procedure to fit involving a local anaesthetic. No stitches are needed. Shortly after fitting tenderness, bruising and some swelling may occur.

Is it safe in breastfeeding?

Yes. A very small amount of the hormone will enter the milk, but no evidence has shown that this will harm your baby. It has no adverse effects on your ability to breastfeed or your baby's growth and development.

The progesterone-only injectable is an injection that contains progesterone. The progesterone stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the womb to prevent a fertilised egg implanting. With typical use, 6 in 100 users will get pregnant in one year.

- Advantages: it lasts for 13 weeks. You don't need to think about contraception for as long as the injection lasts. It may reduce heavy, painful periods.



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- Disadvantages: periods may stop, be irregular or last longer. Fertility may take up to one year to return to normal after stopping, some people gain weight. There is a small risk of reduction in bone mineral density, this isn't a problem for most users as the bone replaces itself when you stop the injection and doesn't appear to cause any long-term problems.

Is it safe in breastfeeding?

Yes. A very small amount of the hormone will enter the milk, but no evidence has shown that this will harm your baby. It has no adverse effects on your ability to breastfeed, or your baby's growth and development.

What other contraceptive options do I have and when can I start them?

The following contraception options are not available immediately after birth but we can sign-post you on the best way to access them (either through our sexual health service or your GP).

The hormonal Intrauterine System ('Mirena coil') is a small T-shaped plastic device inserted into the womb that slowly releases a small amount of the hormone progesterone. It thins the lining of the womb to prevent a fertilised egg implanting and thickens the cervical mucus to prevent sperm reaching an egg. Fewer than 1 in 100 users will get pregnant within one year.

Unless inserted at the time of your birth*, insertion is delayed until 28 days afterwards.

- Advantages: it works for 3-5 years, but can be taken out sooner. You don't need to think about contraception for as long as it is in place. Your bleeding usually become lighter, shorter and sometimes less painful. When it is removed, your fertility will return to normal.
- Disadvantages: insertion can be uncomfortable. Irregular bleeding is common in the first 6 months. There is a very small chance of infection shortly after insertion and a 1/20 risk of expulsion.

Is it safe in breastfeeding?

Yes. A very small amount of the hormone will enter the milk, but no evidence has shown that this will harm your baby. It has no adverse effects on your ability to breast feed, or your baby's growth and development.

**Although it can be safely inserted immediately after birth, currently this is not something that is available.*



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The intrauterine device ('copper coil') is a small plastic and copper device that is inserted into the womb. It stops sperm reaching an egg and may also stop a fertilised egg implanting in the uterus. Fewer than 1 in 100 users will get pregnant within one year.

Unless inserted at the time of your birth*, insertion is delayed until 28 days afterwards.

- Advantages: it works for 5-10 years, but can be taken out sooner. You don't need to think about contraception for as long as it is in place. When it is removed, your fertility will return to normal. This method does not contain any hormones.
- Disadvantages: insertion can be uncomfortable. Your periods may become heavier, longer and more painful. There's a very small chance of infection shortly after insertion and a 1/20 risk of expulsion.

Is it safe in breastfeeding?

Yes. This method does not contain any hormones. The copper does not get into your milk.

**Although it can be safely inserted immediately after birth, currently this is not something that is available.*

Combined hormonal contraception can come in pill, patch or vaginal ring form and contains oestrogen and progesterone. These methods work by preventing ovulation, thickening cervical mucus to prevent sperm reaching an egg and thinning the lining of the womb to prevent a fertilised egg implanting. With typical use 9 in 100 users will get pregnant within one year.

You may be able to start this method from three weeks following childbirth, depending on your medical history. If you are breastfeeding, it can only be started 6 weeks following the birth.

- Advantages: it makes periods regular, lighter and less painful. It can reduce the risk of cancer of the ovary, endometrium and colon. When stopped, your fertility will return to normal.
- Disadvantages: It's not suitable if you are overweight or smoke and are aged over 35. There's a small risk of serious side effects such as blood clots, breast and cervical cancer. There can be temporary side effects such as headaches, nausea, mood changes and breast tenderness.



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Is it safe in breastfeeding?

Yes. A very small amount of the hormone will enter the milk, but no evidence has shown that this will harm your baby. It has no adverse effects on breastfeeding, or on infant growth or development.

Diaphragms are suitable to use from 6 weeks after birth. You may need to see a clinician at 6 weeks as sometimes a different size diaphragm is needed. With typical use, approximately 1 in 3 users will get pregnant within a year using a diaphragm.

Natural family planning can be difficult following birth, particularly if you are breastfeeding. This is because of the hormonal changes during the first 6 months. If this is a method you are interested in long-term, we would recommend you seek training from a trained practitioner. With typical use, up to 1 in 4 users will get pregnant within a year.

Sterilisation is an option if you are sure you have completed your family. If this is something you are interested in we advise you to speak to your GP. If you are having a planned caesarean section and would like to be sterilised during the procedure, please discuss this with your obstetrician in the antenatal clinic. Other long-acting methods such as an implant can be more effective.

I would like more information, who can I ask?

You can find out more about all the different contraceptive methods on the Family planning advice (FPA's) website at <https://www.sexwise.org.uk/contraception>. You can also discuss your options with your midwife, General Practitioner (GP) or make an appointment with Swindon Sexual Health Service on 01793 604038 or 01793 607870, please see reference 5 for opening times.

References:

- 1) [Faculty of Sexual & Reproductive Healthcare Guideline 'Contraception after Pregnancy' January 2017.](#)



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- 2) [Family Planning Association 'Your guide to contraception' May 2020](#)
- 3) [Family Planning Association 'Contraceptive choices –after a baby' July 2017](#)
- 4) [Faculty of Sexual & Reproductive Healthcare 'UKMEC Summary Table Hormonal and Intrauterine Contraception' September 2019.](#)
- 5) <http://www.swindonsexualhealth.nhs.uk/clinics/>

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds.

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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