

## Patient information

# Contraception after having a baby

### Introduction

For many women the last thing on their minds is contraception after having a baby, but did you know that you could get pregnant within three weeks of giving birth? A gap of less than a year between babies could be exhausting, but could also increase the risk of your baby not growing well in pregnancy and/or being born too early. Many new mothers experience unplanned pregnancy in the year after having a baby, so we have put together this information leaflet to help you understand your choices if you don't want to have another baby straight away. If you are interested in a specific method please ask your midwife or doctor for further information.

### When could I get pregnant?

You cannot get pregnant less than three weeks (21 days) after the birth of your baby. If you are not exclusively breastfeeding your baby then you could become pregnant any time from three weeks after birth, and you could get pregnant before your periods re-start.

We recommend starting contraception as soon as possible (even if you are breastfeeding) as this reduces the risk of unplanned pregnancy.

### Does breastfeeding stop me getting pregnant?

If you are exclusively breastfeeding (only feeding your baby breast milk) and you have not started your periods again yet, there is very little chance of getting pregnant



in the first six months. This is called Lactational Amenorrhoea, as lactation (breastfeeding) stops you from ovulating, and therefore from getting pregnant. If you have long gaps between feeds (for example overnight), or you start your periods again, or if you are feeding your baby liquids other than just breast milk, there is a higher chance of getting pregnant.

## What are the options for contraception?

There are several different options. If you have certain medical conditions they may not all be suitable so please ask your midwife or doctor. The most effective methods of preventing unplanned pregnancy are LARC – Long-Acting Reversible Contraception.

### These include:

- **IUD** (also known as the copper coil)
- **IUS** (also known as the hormonal coil)
- **Implant**
- **Progestogen injection** (Depo)

### Other methods are:

- **Hormonal tablets** (such as “the pill” or “mini-pill”)
- **Barrier methods, e.g. condoms** (less effective than hormonal methods or the IUD)
- **Natural family planning or fertility awareness methods** (can be more difficult to use accurately as it can be difficult to detect the signs and symptoms of ovulation just after having a baby)

The risk of unplanned pregnancy with each method is summarised at the end of this leaflet.

### Long acting reversible contraception options:

- **IUD (Intra-Uterine Device):** a small “T-shaped” device that is placed in the womb, and lasts for 5-10 years, depending on the device. The IUD works by slowly releasing very small amounts of copper into your womb, which is toxic to sperm. It is usually inserted via the vagina at least four weeks after birth (although it can sometimes be inserted within 48 hours of the birth).
- **IUS (Intra-Uterine System):** a small “T-shaped” device, similar to an IUD; instead of releasing copper it slowly releases a small amount of progestogen hormone in your womb. This thins the lining of your womb and prevents pregnancy implantation. In the UK there are two types of IUS - Mirena (the commonest, lasts for 5 years) and Jaydess (lasts for three years). Similar to the IUD, it is usually inserted via the vagina 4-6 weeks after birth (although it

can sometimes be inserted within 48 hours of the birth or at the time of caesarean section).

- **Implant (brand name Nexplanon in the UK):** a small rod which is inserted just under the skin on the inside of your upper arm. It works by slowly releasing small amounts of progestogen hormone, which thins the lining of your womb, and stops you from ovulating (releasing an egg) each month. It can be inserted any time after birth - please ask your midwife or doctor early if you would like to have this.
- **Depo Progestogen injection (most commonly Depo Provera):** a single dose of progestogen which is given by injection into your buttock area, every 10-12 weeks. It works by stopping you from ovulating, and also thins the lining of your womb. It can be started any time after the birth of your baby. You are more likely to have initial heavy and/or irregular bleeding if you start the injection within 6 weeks of birth.

#### **Other hormonal methods to prevent pregnancy:**

- **The Progesterone Only Pill (POP, or “mini-pill”):** a tablet containing the hormone progestogen. It can be started straight away, and is suitable for most women. It works by thickening the normal mucus produced by your cervix, making a barrier to prevent sperm from getting into the womb. It is often associated with irregular bleeding, although this usually improves over time.
- **Combined Hormonal Contraception (CHC),** such as the Combined Oral Contraceptive Pill (COCP or “the pill”), the patch or vaginal ring: these work by providing oestrogen and progestogen hormones, which stop ovulation. CHC may reduce your breastmilk so should not be started for at least six weeks if you are breastfeeding. You may wish to use another method, such as the POP until you can start CHC.  
CHC is not suitable for women with certain medical conditions, for example women with a high risk of blood clots in the lung or legs, and women with high blood pressure or migraines with aura.

#### **What about if I’m breastfeeding?**

As described above, if you are exclusively breastfeeding, this can provide contraception for up to six months - as long as you are only giving your baby breast milk (no other liquids, and no long gaps between feeds), and have not started your periods again. Although contraception is not required for 21 days after the birth of your baby, most contraceptive methods (apart from combined hormonal contraception) can be started straight away, so it is generally best to start earlier.

With hormonal methods such as the Implant or tablets, a small amount may be present in your breast milk but it is not known to be harmful to your baby. The IUD does not contain any hormones, and the copper that it contains is not present in breast milk.

## **What about when I want to get pregnant again in future?**

The IUD, IUS, Implant and CHC can be removed or stopped whenever you wish to get pregnant in the future and they do not affect your chance of getting pregnant. After the Depo injection it can take several months for your fertility to return, so it should not be used if you would like to get pregnant again as soon as you stop it.

## **Can I use emergency contraception?**

Emergency contraception (EC) is contraception that is taken after sex has taken place without contraception or where the contraception has failed (for example you have missed your pill, or a condom has come off during sex). EC can be given by taking a tablet, or inserting an IUD. You can use an emergency contraceptive pill from 21 days from birth (as soon as possible after unprotected sex), or the IUD from 28 days after the birth.

## **When and where can I access different methods?**

It may be possible to insert a contraceptive implant, IUD or IUS, or to start the Depo or POP on the postnatal ward before you go home – please ask if you would like one of these.

Contraception is available from your GP or local Family Planning Clinic - please go to [www.fpa.org.uk/clinics](http://www.fpa.org.uk/clinics) or the Family Planning Association app for iPhone and Android.

## **What if my family is complete and I don't want any more children?**

If you feel your family is complete and you don't want any more children, it is still safe to use LARC such as the Implant, IUD, IUS. These provide very effective contraception, but you will need to get them changed every 3-10 years, depending on the method. However, if you wish to use a permanent form of contraception (sterilisation) you should discuss this with your midwife or doctor. The commonest methods are male sterilisation (vasectomy) and female sterilisation (or bilateral tubal occlusion/ ligation).

Female sterilisation is usually done by keyhole surgery after you have fully recovered from giving birth. It can be done at the time of a planned caesarean section, but your doctor will want to discuss this with you well before your caesarean as you need to be absolutely sure you don't want another baby, and it cannot be reversed. It is also not as effective at preventing pregnancy as LARC. You may have heard of a procedure called intrauterine permanent contraception (or Essure), but this is no longer available in the UK.

You should be aware that sterilisation of a male partner is more effective at preventing pregnancy than sterilisation for a female partner, and does not require a general anaesthetic. If you or your partner would like to have sterilisation after birth, please see your GP as they can refer you to a specialist for these procedures. You can still use temporary contraception (such as LARC) while you are waiting for one of these methods.

## How effective is each method at preventing pregnancy?

Below is the number (percentage) of women who will experience an unplanned pregnancy with typical use of each of the following types of contraception over one year, starting with the most effective methods:

- Implant 0.05 %
- Vasectomy (male sterilisation) 0.15 %
- IUS 0.2 %
- Female sterilisation 0.5 %
- IUD 0.8 %
- CHC 9 % (with perfect use this is 0.3%)
- POP 9 % (with perfect use this is 0.3%)
- Lactational amenorrhoea 2 % (only if all requirements are met as above)
- Progestogen injection 6 %
- Barriers methods 12-18 % (with perfect use this is 2-6 %)
- Natural family planning methods 24 %
- No contraception at all 85 %

## Glossary

<b>CHC</b>	Combined Hormonal Contraception; incl the COCP, contraceptive patch or ring
<b>COCP</b>	Combined Oral Contraceptive Pill, or “the pill”
<b>Implant</b>	Progestogen implant placed under the skin of the inner upper arm
<b>IUD</b>	Intra-Uterine Device, or copper coil
<b>IUS</b>	Intra-Uterine System, or hormonal coil
<b>LAM</b>	Lactational Amenorrhoea: use of exclusive breastfeeding to prevent pregnancy
<b>LARC</b>	Long-Acting Reversible Contraception
<b>POP</b>	Progestogen only Pill, or “mini-pill”
<b>Progestogen</b>	A man-made version of the hormone progesterone which is found naturally in the body, particularly during pregnancy

This information is based on the FSRH Guideline: Contraception after Pregnancy, January 2017. If you feel unhappy with the care you have received and wish to speak to someone please ask your midwife for an information leaflet from the hospital PALS service, or visit the PALS desk on the hospital ground floor by reception.

## Patient Advice and Liaison Service (PALS)

Please contact us if you need general information or advice about Trust services.  
[www.bartshealth.nhs.uk/pals](http://www.bartshealth.nhs.uk/pals)

## Large print and other languages

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. For more information, speak to your clinical team.

এই তথ্যগুলো সহজে পড়া যায় অথবা বৃহৎ প্রিন্টের মত বিকল্প ফরম্যাটে পাওয়া যাবে, এবং অনুরোধে অন্য ভাষায়ও পাওয়া যেতে পারে। আরো তথ্যের জন্য আপনার ক্লিনিক্যাল টিমের সাথে কথা বলুন।

Na żądanie te informacje mogą zostać udostępnione w innych formatach, takich jak zapis większą czcionką lub łatwą do czytania, a także w innych językach. Aby uzyskać więcej informacji, porozmawiaj ze swoim zespołem specjalistów.

Macluumaadkaan waxaa loo heli karaa qaab kale, sida ugu akhrinta ugu fudud, ama far waa weyn, waxana laga yabaa in lagu heli luuqaado Kale, haddii la codsado. Wixii macluumaad dheeraad ah, kala hadal kooxda xarunta caafimaadka.

Bu bilgi, kolay okunurluk veya büyük baskılar gibi alternatif biçimlerde sunulabilir, ve talep üzerine Alternatif Dillerde sunulabilir. Daha fazla bilgi için klinik ekibinizle irtibata geçin.

آسان میں ذیل پر ڈھکھ چیسایں، سکتی جاکی دست یاب میں فارمیٹس متبادل معلومات یہ  
پرڈٹ ڈیا اور درخواست پر متبادل زبانوں میں بھی دستیاب ہو سکتی ہیں۔ مزید معلومات کے لیے، اپنی  
کلینکل ٹیم سے بات کریں۔

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All our patient information leaflets are reviewed every three years.