

Contraceptive choices after having a baby

Contraception is an important part of your postnatal care even if it is the last thing on your mind at the moment. Many unplanned pregnancies occur within the first few months after having a baby, so it is best to be prepared.

How soon can I have sex again?

As soon as you and your partner feel ready. It may be some time before you want to as you may have stitches or bruising which may make sex uncomfortable. Discuss any concerns with your partner, midwife, GP, Nurse or Specialist Public Health Nurse.

When will my periods start again?

If you are bottle feeding or mixed feeding, your periods could start as early as 5-6 weeks after the birth. If you are breastfeeding exclusively, your period may not start until you stop breastfeeding.

How soon do I need to use contraception?

You will need to start using contraception from three weeks (21 days) after the birth.

Do not wait until your period returns or for your postnatal check. You will be able to become pregnant before your period starts again.

Will breastfeeding act as contraception?

Breastfeeding can delay the ovulation (release of the egg) and prevent periods for up to six months. If used correctly breastfeeding can be used as contraception and is 98% effective in preventing pregnancy for up to six months.

Breast feeding as contraception is only effective IF:

- You are fully breastfeeding and rarely top up feeds with any other fluids such as formulae milk or expressed milk. **AND**
- You are breastfeeding for up to six months after birth. **AND**
- You haven't had a period yet since delivery.

Breastfeeding as contraception becomes less effective sometimes and other methods of contraception should be used if any of the following happens:

- You are breastfeeding less often through the day and night or no night feeds occur.
- You are using other top up feeds; formula milk.
- You have had your first period.
- You are breastfeeding for more than six months.

Short acting contraceptive methods:

Progesterone only pill (POP): Safe when breastfeeding. Can be started immediately after child birth.

Combined oral contraceptive pill (COCP):

These contain both oestrogen and progesterone. Those not breast feeding and with no risk factors for developing blood clots can start COCP at 21 days after delivery.

Those breastfeeding or with risk factors for developing a blood clot (eg smoking, caesarean section or high BMI) should wait at least six weeks before starting COCP. If you're not sure if you have risk factors for blood clots discuss this with your midwife, doctor or GP.

Diaphragm or cap:

It is advised to wait six weeks after-delivery before using. Make sure that the size is reviewed by a doctor or nurse as your cervix and vagina change shape during pregnancy and after delivery. This method of contraceptive is not as effective as the Pill or other longer acting reversible methods.

Natural family planning:

'Natural' family planning, known as Fertility Awareness Methods (FAM) has a much higher failure rate than other methods when looking at typical use (24% getting pregnant within a year of use). Those planning to use FAM can use it from four weeks after childbirth if not breastfeeding, and from six months following childbirth if breastfeeding.

Long Acting Contraception (LARCs)

These methods are more effective than short acting methods and last longer so you do not need to remember to take/use them every day.

The contraceptive injection (depot provera):

Can be started straight away even if breast-feeding. It may / can cause irregular or heavier bleeding if started before six weeks post-delivery. Lasts 12 weeks.

Contraceptive implant (Nexplanon):

Can be started straight away even if breast feeding. It lasts three years.

Intrauterine contraception (IUC):

This includes both the copper coil (which contains no hormones) and also various other coils which contain progesterone hormones. Both are safe to use when breastfeeding and can be inserted within 48 hours after vaginal or caesarean delivery.

If not inserted within 48 hours then it is advised to wait until four weeks after delivery and use alternative contraception until then. Depending on the type they last from five up to 10 years but can be removed earlier.

Permanent sterilisation:

It is advised to wait a while before making a decision to make sure you and your partner do not want any more children as these methods are non-reversible.

Female sterilisation:

Involves cutting, clipping or tying your tubes. Some women who have an elective caesarean opt to be sterilised at the same time. Failure rate in woman is 1 in 200 and involves risks of keyhole surgery and general anaesthesia.

Male sterilisation/vasectomy:

More effective than female sterilisation, failure rate are 1 in 2000. This can be done by many GP surgeries under local anaesthesia.

Speak to your midwife, doctor, GP, practice nurse or family planning clinic to help decide which is the best contraceptive option for you.

If you have any comments about this leaflet or the service you have received you can contact :

Antenatal Clinic
Telephone No: 01422 224125

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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तां विचपा वचवे छिपवेवत विबसा विंच माळे काल मीपवव ववे।

اگر آپ کو یہ معلومات کسے اور فارمیٹ طرزبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

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المذكور أعلاه"