

Your guide to contraception after you've had a baby

About BPAS

British Pregnancy Advisory Service (BPAS) is the UK's leading reproductive healthcare charity. We provide contraception advice, counselling and care for women with unplanned pregnancy on behalf of the NHS.

Following the birth of your baby, it may take some time before you want to have sex again, or it may take no time at all. Every woman is different and there is no right or wrong way to feel.

What does matter is that when you start having sex again, if it has been 3 weeks or more since the birth of your baby, you should use contraception if you don't want to get pregnant again straightaway. This means finding the contraception that is right for you. What may have suited you perfectly before you were pregnant may no longer be right when you have a baby and your life has changed.

If you are breastfeeding

Many women want to breastfeed their babies, as the benefits to mum and baby are well known. However, a lot of women are unsure whether they need to use contraception when they are breastfeeding, or don't know what contraception they can use. The information overleaf explains when breastfeeding will protect you from unwanted pregnancy, and what contraception you can use without harming your supply of milk, or your baby.

If you are exclusively breastfeeding, you can consider:

Lactation Amenorrhoea Method (LAM): Fully breastfeeding your baby will provide highly effective protection against unwanted pregnancy, but very strict criteria have to be met for it to work properly.

Your baby must be less than 6 months old, you must be breastfeeding on demand (at least every 4 hours during the day and at least every 6 hours during the night), and your periods must not have returned. If you are expressing milk, providing other liquids or solids, or using a soother for your baby to suck on, the effectiveness of this method can be reduced.

Although many women plan to exclusively breastfeed when they first have their baby, some later decide that it is not for them. If you wish to only partially breastfeed (or simply want a back-up to LAM), then you can consider the forms of contraception outlined on pages 2 and 3.

These methods either use no hormones, or use the hormone progestogen, to prevent the ovary from releasing an egg and thickens the cervical mucus to act as a barrier to sperm. Studies show that progestogen does not alter the amount of milk you produce, nor have any effect on your baby's growth.



If you are breastfeeding but do not plan to rely on LAM, you can consider:

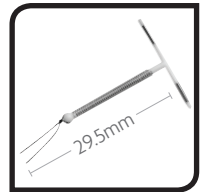
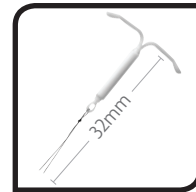
Contraceptive implant (Nexplanon®)

This can be used from 3 weeks after the birth of your baby. About the size of a matchstick, a doctor or nurse will insert it under the skin of the upper arm using local anaesthetic. It lasts for up to 3 years, but can be removed at any time by a doctor or nurse and fertility will return straight away. You may experience unpredictable bleeding throughout the duration of use.



Intrauterine device (Copper IUD or Mirena®)

Both types of IUDs are T-shaped devices that are inserted into the uterus (womb) by a doctor or nurse and are highly effective at preventing pregnancy. A copper coil can be inserted immediately after birth, but if there is a delay of more than 48 hours, the advice is to wait for 4 weeks before having one inserted. Breastfeeding women are advised to delay Mirena® insertion until 4 weeks after giving birth.



The copper coil contains no hormones and works by preventing sperm from fertilising an egg, or preventing implantation. It can be left in place for up to 10 years but can be removed at any time by a doctor or nurse and normal fertility will return immediately. Periods may become heavier, longer or more painful. Insertion of a copper coil up to 5 days after unprotected sex or the date of ovulation is also the most effective form of emergency contraception.

The Mirena® IUD contains progestogen. It lasts for up to 5 years but can be removed at any time with normal fertility returning rapidly. Periods are likely to be much lighter or may stop altogether.

Contraceptive injection (Depo Provera®)

This can be used from 3 weeks after giving birth. It is an injectable form of the hormone progestogen and once administered, you don't have to think about contraception for 3 months, when it must be given again. It can cause unpredictable bleeding, however, periods in most women become lighter over time, or stop altogether. You may experience weight gain.



The injection takes 12 weeks to leave the body, and it can take up to 1 year for fertility to return to normal. There is another type of contraceptive injection, which is given monthly.

Progestogen-only pill (mini-pill)

The mini-pill can be started at any time after the birth of your baby. It must be taken every day at the same time and is suitable if you smoke and are aged over 35. Periods may become irregular, lighter, more frequent, or stop altogether.

Missing pills, vomiting or severe diarrhoea can make it less effective. Normal fertility returns as soon as you stop using it.



Diaphragms/caps

These can be used from 6 weeks after birth. A soft latex or silicone dome is inserted into the vagina by the woman before sex to block the opening to the uterus (womb) so that sperm cannot enter. Caps and diaphragms are used with spermicidal jelly, but contain no hormones.

Women who have used these methods before pregnancy will need to return for a new fitting as their size may have changed.



Male and female condoms

A condom can be used at any time from the birth of your baby. It fits over a man's penis or is inserted into a woman's vagina and prevents sperm entering the vagina and fertilising an egg. Putting one on may cause interruption of sex and condoms can split or come off.

This is the only method of contraception that protects against sexually transmitted infections.



Emergency contraception

This is not required before 3 weeks as ovulation will not yet have occurred, so there is no chance of pregnancy.

There are 2 types of emergency contraceptive pills:

Progestogen-only emergency contraception (Levonelle®)

Also called the 'morning-after pill', Levonelle® can be taken up to 72 hours (3 days) after unprotected sex, but the sooner you take it, the more likely it is to work. If the pill is taken within 24 hours after sex it can prevent up to 95 out of 100 pregnancies.

You can obtain Levonelle® under prescription from your GP or local contraception and sexual health clinic, or buy it from a pharmacy, usually for around £25-£30.



Ulipristal acetate (ellaOne®)

Another form of morning-after pill, ellaOne® (ulipristal acetate), can be used up to 120 hours (5 days) after unprotected sex, and will prevent up to 98% of pregnancies if taken within that time frame. It may also be more effective than Levonelle® in women with a Body Mass Index (BMI) greater than 30. Breastfeeding is not recommended for 7 days after taking ellaOne®.

If you take this pill you are advised to express and discard your breastmilk for 7 days afterwards. EllaOne® is only available under prescription from your GP, or local contraception and sexual health clinic.



Insertion of a copper IUD (coil) up to 5 days after unprotected sex is the most effective form of emergency contraception. It can be kept in place as your regular contraception.



If you are NOT breastfeeding

You can consider any of the methods already mentioned. In addition, you may also be able to use a form of combined hormonal contraception from 3 weeks after you have had your baby. These include:

Combined hormonal pill

The pill is taken daily for 3 weeks out of every 4 and is made of oestrogen and progestogen. These are similar to the natural hormones produced by your ovaries. It works by preventing the ovary from releasing an egg. Periods are usually regular, lighter and less painful. Missing pills, vomiting or severe diarrhoea can make it less effective.

Normal fertility returns as soon as you stop using it. Not suitable for smokers over 35 years old.



Contraceptive vaginal ring

A flexible, transparent, plastic ring is placed in the vagina by the woman, and left in place for 3 weeks. It releases the same hormones used in the combined hormonal pill, which prevent the ovary from releasing an egg.

The ring does not interfere with sex, you don't have to think about it every day, and it is not affected by vomiting and diarrhoea. Periods are usually regular, lighter and less painful.

Normal fertility returns when you stop using it. Not suitable for smokers aged over 35 years old.



Contraceptive patch

This is a 4cm square plastic patch that sticks to the skin. The patch contains the same hormones used in the combined pill, which prevent the ovary from releasing an egg. These hormones are absorbed through the skin into the bloodstream. New patches are applied weekly.

The patch does not interfere with sex and you don't have to think about it every day. It is not affected by vomiting and diarrhoea. Periods are usually regular, lighter and less painful. It may be seen on the skin or cause reactions, and can fall off without you noticing. Normal fertility returns when you stop using it.

It is less effective in overweight women and not suitable for smokers over 35 years old.



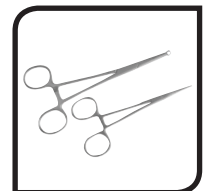
If you are looking for a permanent method of contraception

You might consider male or female sterilisation.

Vasectomy

The tubes that carry sperm from the testicles to the penis (the vasa deferentia) are tied or sealed so that there is no sperm in the semen when a man ejaculates. Vasectomy involves a simple and quick operation and is a very effective form of contraception. It is difficult to reverse so it should be considered permanent.

Another method of birth control must be used until a vasectomy has been confirmed to have been successful.



Female sterilisation

The tubes between the ovaries and the womb (the fallopian tubes) are cut and tied or blocked with rings or clips. This stops the eggs released by the ovary from reaching the uterus. This permanent method of contraception involves an operation under anaesthetic and should be considered irreversible.



BPAS - here if you need us

03457 30 40 30 (or +44 1789 508 211)

www.bpas.org

Registered Charity 289145 as British Pregnancy Advisory Service.
BPAS is registered and regulated by the Care Quality Commission