

your guide to contraceptive choices – after you've had your baby

Helping you choose the method
of contraception that is best for you



Contraceptive choices — after you've had your baby

Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy. Many unplanned pregnancies happen in the first few months after childbirth, so even if you're not interested in sex at the moment, it is better to be prepared.



How soon can I have sex again?

You can have sex as soon as you and your partner want to. Having a baby causes many physical and emotional changes for both partners and it may take some time before you feel comfortable or ready to have sex.

Everyone is different, so do not feel pressured or worry that you are not normal if you don't feel ready to have sex. It can help to talk to your partner about any concerns you have.



When will my periods start again?

The earliest your periods can return is six weeks after birth if you are *not* breastfeeding. If you are breastfeeding your periods will return and you will start ovulating when you are breastfeeding less often and for shorter periods of time. You can become pregnant before your periods return because ovulation (when the ovary releases an egg) occurs about two weeks **before** you get your period.

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How soon do I need to use contraception?

You need to start using contraception from three weeks (21 days) after the birth. Don't wait for your periods to return or until you have your postnatal check before you use contraception as you could get pregnant again before then.

If you are **fully** breastfeeding you can choose to rely on this for contraception. (See Will breastfeeding act as a contraceptive? on page 7).



When can I start to use contraception?

- You don't need to use any contraception in the first three weeks after the birth as it is not possible to become pregnant in this time.
- You can use male and female condoms as soon as you want to.
- You can start to use the contraceptive implant from three weeks after the birth.
- If you are **not** breastfeeding then you can use the combined pill, the contraceptive vaginal ring and the contraceptive patch from three weeks after the birth.
- You can start the progestogen-only pill any time after the birth.
- It is usually recommended that you wait until six weeks after the birth to start the contraceptive injection because then you are less likely to have heavy and irregular bleeding. It is possible to use it earlier if there are no other alternatives you find acceptable.
- An IUD or IUS is usually fitted from four weeks after a vaginal or caesarean birth. It can also be put in within 48 hours of the birth.
- You can start to use a diaphragm or cap six

weeks after giving birth.

- Natural family planning can be used at any time.



Which contraceptive method will be suitable for me?

This depends on what you and your partner prefer; your medical history; any problems you had in your pregnancy and if you are breastfeeding.



What should I use if I want another baby in the next year or so?

If you think you may want to have another baby in the next year or so you might want to try using one of these methods.

- the combined pill
- the contraceptive patch
- the contraceptive vaginal ring
- the progestogen-only pill
- male or female condoms
- diaphragm or cap with spermicide
- natural family planning.

These are all effective methods of contraception if used according to the instructions. But you have to use and think about them regularly or each time you have sex.

If you are breastfeeding then it is usually recommended that you wait until the baby is six months old before starting the combined pill, the contraceptive vaginal ring or the contraceptive patch. These methods contain estrogen which may reduce the milk flow. If you feel there are no other suitable methods of contraception these methods can be considered from six weeks after the birth.

If you used a diaphragm or cap before you became pregnant, check with your doctor or contraception clinic to make sure it still fits – your cervix and vagina change shape during pregnancy and birth. If you lose or gain more than 3kg (7lb), you must get the fitting checked again.

Natural family planning can be more difficult to learn and use just after you have had a baby. If you used this method before your pregnancy, ask your natural family planning teacher for advice.



What should I use if I don't want another baby for some time?

If you don't want to get pregnant again for some time you might want to try using one of the following long-acting reversible contraceptives:

- the contraceptive injection – lasts for 12 weeks (Depo-Provera) or eight weeks (Noristerat)
- the contraceptive implant – lasts for up to three years
- the IUD – lasts for 5–10 years depending on type
- the IUS – lasts for five years.

These methods are very effective. You don't need to remember to take or use them.

If you use the Depo-Provera injection your fertility may not return for several months after your last injection has worn off. Sometimes it can take up to one year for your periods and fertility to get back to normal. So if you want to get pregnant sooner than this, this may not be the best method to choose.

The implant, IUS and IUD can be taken out at any time you choose and your normal fertility will return quickly.



What are permanent methods of contraception?

If you are absolutely sure you do not want any more children you may wish to consider female sterilisation (tubal occlusion) or male sterilisation (vasectomy). These are permanent methods of contraception. It is not usually recommended for men or women to be sterilised at the time of childbirth, as you need time to be sure that you do not want any more children.

There is some evidence to show that women who are sterilised at the time of the birth, or just after, are more likely to regret this decision later. The failure rate of female sterilisation may also be higher when it is done at this time.



Will breastfeeding act as a contraceptive?

Breastfeeding is also known as lactation. When used as a contraceptive method it is also known as lactational amenorrhoea (LAM). LAM can be up to 98 per cent effective in preventing pregnancy if **all** of the following conditions apply:

- you are fully breastfeeding – this means you are not giving your baby any other liquid or solid food **or**
- you are nearly fully breastfeeding – this means mainly breastfeeding your baby and infrequently giving your baby other liquids **and**
- your baby is less than six months old **and**
- you have no periods.

The risk of pregnancy increases if:

- you start breastfeeding less often, or
- there are long intervals between feeds – both day and night, or

- you stop night feeds and use supplement feeding.

Once your baby is over six months old the risk of getting pregnant increases, so even if you don't have periods and are fully or nearly fully breastfeeding, you should use another contraceptive method.

Q Will contraception affect the breast milk?

A If you are using a hormonal method of contraception a small amount of hormone will enter the milk, but no research has shown that this will harm your baby.

It is usually advised that you wait until the baby is six months old before you start using the combined pill, the contraceptive vaginal ring or the contraceptive patch. This is because these methods contain the hormone estrogen which can reduce your milk flow.

Using the IUD does not affect your milk, and copper from it does not get into the milk.

Q Can I use emergency contraception after the birth?

A Yes. If you have unprotected sex after the baby is three weeks (21 days) old you can use emergency contraception (see page 10).

- You can use the emergency pill from 21 days.
- You can use the emergency IUD from 28 days.

If you are breastfeeding, using the emergency pill will not harm the baby or affect the breast milk.

If you have unprotected sex before the baby is three weeks (21 days) old you will not get pregnant. You do not need to use emergency contraception at this time.

Q Will I need a rubella (German measles) vaccination?

A During your antenatal care you will have had a blood test to see if you have had rubella. If the test showed you were not immune during your pregnancy you will probably be offered a rubella vaccination soon after the birth. It is very important **not** to get pregnant for one month after a rubella vaccination as it can harm the baby.

Do not have this vaccination if:

- you are, or think you may be, pregnant **or**
- you have recently had sex without using contraception or think your method might have failed and are at risk of pregnancy.

Q Where can I get advice?

A You can find out more about contraception from a midwife, nurse or doctor in hospital or from your midwife or health visitor at home. You and your partner can also visit your general practice or a contraception or sexual health clinic.

You can also contact FPA for information about contraception (see How FPA can help you on the back cover).

Q How do I find out about contraception services?

A Contraception is free for women and men of **all** ages through the National Health Service.

- You can find out about all sexual health services from **sexual health direct**, run by FPA, on 0845 122 8690 or at www.fpa.org.uk.
- You can find details of general practices and pharmacies in England at www.nhs.uk and in Wales at www.wales.nhs.uk. In Scotland you can

find details of general practices at www.show.scot.nhs.uk. In England and Wales you can also call NHS Direct on 0845 46 47 and in Scotland NHS 24 on 0845 4 24 24 24. In Northern Ireland call the FPA helpline on 0845 122 8687 or for details of general practices see www.n-i.nhs.uk.

- You can also get details of your nearest contraception, genitourinary medicine (GUM) or sexual health clinic from a telephone directory, health centre, local pharmacy, hospital, midwife, health visitor or advice centre.
- You can find details of young people's services from Brook on 0808 802 1234, www.brook.org.uk, or from Sexwise on 0800 28 29 30.

Emergency contraception

If you have had sex without using contraception or think your method might have failed there are two emergency methods you can use.

- The emergency hormonal pill – must be taken up to three days (72 hours) after sex. It is more effective, the earlier it is taken after sex.
- An emergency IUD – must be fitted up to five days after sex, or up to five days after the earliest time you could have released an egg (ovulation).

Ask your doctor or nurse about getting emergency pills in advance, just in case you need them.

Sexually transmitted infections

Most methods of contraception do not protect you from sexually transmitted infections.

Male and female condoms, when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which does not protect against HIV and may even increase the risk of infection.

How FPA can help you

sexual health direct is a nationwide service run by FPA. It provides:

- confidential information and advice and a wide range of booklets on individual methods of contraception, common sexually transmitted infections, pregnancy choices, abortion and planning a pregnancy
- details of contraception, sexual health and genitourinary medicine (GUM) clinics and sexual assault referral centres.

FPA helplines

England

helpline 0845 122 8690

9am to 6pm Monday to Friday

Northern Ireland

helpline 0845 122 8687

9am to 5pm Monday to Thursday, 9am to 4.30pm Friday

or visit the FPA website www.fpa.org.uk

A final word

This booklet can only give you basic information about contraception. The information in this booklet is based on evidence-guided research from the World Health Organization and the Faculty of Sexual and Reproductive Healthcare of the Royal College of Obstetricians and Gynaecologists. Different people may give you different information and advice on certain points. All methods of contraception come with a Patient Information Leaflet which provides detailed information about the method. Remember – contact your doctor, practice nurse or a contraception clinic if you are worried or unsure about anything.



talking sense about sex



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