

Contraception after you have had your baby

Antenatal Clinic and Shere Postnatal Ward



Patient information leaflet

This leaflet will explain the importance of contraception following the delivery of your baby, the choices available and where these can be obtained.

Contraception is not at the front of your mind during pregnancy or when you have a newborn, but fertility returns very quickly following the delivery of your baby. To enable family planning, we recommend you discuss contraception during pregnancy.

Why is family planning important?

A short interval between pregnancies is associated with higher rates of complications. These include preterm delivery, low birth weight, stillbirth and neonatal death. The World Health Organisation recommends spacing pregnancies by 24 months to reduce these complications.

How quickly does fertility return?

Fertility returns from 21 days following the birth of your baby. It is possible to conceive prior to your first period after birth.

When will periods restart?

Periods usually return between 5-6 weeks following delivery. Breastfeeding usually delays the return of your periods. If you are not exclusively breast feeding they may return quicker.

When should you restart contraception?

You can conceive from day 21 post-delivery, therefore it is important to start contraception from then. Do not wait for your six week check or first period.

Who can I discuss contraception with?

If you are under midwifery lead care, you can discuss your contraceptive wishes with your midwife. We advise that you look at your options and decide before to the birth of your baby. This will enable quick and easy access to your chosen contraceptive and prevent

the need for you to think about it when you have a new baby. Your midwife will raise the topic of contraception with you when she sees you at 28 weeks. If you are under the care of a consultant, they can discuss the options with you in antenatal clinic. It is important to note, if you are wishing to have permanent contraception in the form of sterilisation at the time of caesarean section, this needs to be discussed at two occasions, a minimum of two weeks prior to your delivery.

What options are available?

It is safe to use the following options immediately after birth:

- Male/female condoms
- Progesterone implant
- Progesterone injection
- Progesterone only pill
- Intrauterine Device (copper or Mirena® (hormone releasing) coil) can be inserted from 0-48 hours after birth including caesarean section. If 48 hours has passed it is advisable to wait four weeks.
- Natural family planning method – this can be more difficult to accurately use in the postnatal period

Safe from three weeks post-delivery:

- Combined hormonal contraception (pill/patch/ring) if you are not breastfeeding and have a low risk of blood clots

Safe from four weeks post-delivery:

- Mirena® intrauterine system or copper intrauterine device (if you missed the initial 0-48 hour post delivery window)

Safe from six weeks post-delivery:

- Combined hormonal contraceptives if you are primarily breastfeeding or you are not breastfeeding but had risk factors for blood clots.
- Diaphragm or cap

Which options are best?

Long acting reversible contraceptives (LARC) are useful as they do not rely on you remembering to take them. They are highly effective and include:

- Intrauterine device (IUD) contains copper i.e no hormones and can last between 5-10 years
- Intrauterine system (Mirena®/Jaydess® IUS) contains hormones, lasts 3-5 years. Offers additional benefits of lighter or no periods for two out of three women
- Contraceptive implant, contains hormones and lasts 3 years
- Contraceptive injection, lasts up to 13 weeks

Other options including condoms, diaphragms, and pills rely on perfect use to confer the same efficacy as LARC.

Breastfeeding as a contraceptive?

Breastfeeding (lactation) works as a contraceptive by delaying the release of an egg (ovulation) and return of periods. This method is 98% effective for up to six months post-delivery when used perfectly. The chance of pregnancy increases if you are:

- Mixed feeding
- Taking out a night feed
- Using dummies
- Expressing
- Your periods return

Where can I access contraception?

Combined hormonal contraceptives (pill, patch, ring) can be obtained prior to your discharge from Shere ward and should be commenced at 3 or 6 weeks post delivery, depending in your eligibility criteria.

Progesterone only pills can be obtained on Shere ward for immediate use post delivery.

Mirena® IUS or copper IUD can be fitted on the delivery suite following the birth of your baby if this has been decided and planned for during your pregnancy.

Contraceptive injections can be given on Shere ward prior to your discharge.

Contraceptive implants can be provided by your local family planning centre.

Sterilisation can be performed at the time of a planned caesarean section if this has been discussed on two occasions during your pregnancy.

Further information or advice

Antenatal Clinic

Telephone: 01483 571122 ext 4173

Reference source

- Faculty of sexual and reproductive health guideline 'Contraception After Pregnancy' January 2017
- Contraception after having your baby – FPA

Contact details

Antenatal Clinic

Telephone: 01483 571122 **ext** 4173

PALS and Advocacy contact details

Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

Telephone: 01483 402757

Email: rsc-tr.pals@nhs.net

Opening hours: 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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