

Starting contraception after having a baby

Helping you choose the method of contraception that's
best for you

Your midwife will discuss contraception with you during one of your antenatal visits so that you can have your contraception ready to start as soon as you have your baby. Staff in the hospital, or community, will make sure you can get your chosen method easily and quickly.

You should definitely have started using some form of contraception by three weeks after the baby is born (but the sooner the better).

Read this leaflet to get more detailed information about each method and a better idea of what might suit you. You can also watch a short film about longer lasting methods of contraception at www.lothiansexualhealth.scot.nhs.uk or by scanning the QR code on the back of this leaflet.

Contraceptive options

There are many very effective and safe methods of contraception that are ideal for women who have just had a baby and want to space their pregnancies or who want long term contraception. We will discuss these methods first.

- Hormonal IUS (hormone Coil)
- Copper IUCD (copper Coil)
- Implant
- Injection (Jag).

We know that women who use intrauterine methods (hormone IUS and copper IUCD) and implants are four times less likely to have an unplanned pregnancy than women who use other methods. But, if you are certain that you never want another pregnancy then you may want to consider sterilisation. Usually the best option is male sterilisation (vasectomy).

There are a whole range of other contraceptive methods that women often choose. These are effective too but the difference is: you need to be good at using them.

- Progestogen only (1 hormone) pill
- Combined hormonal methods (2 hormones)
- Pill
- Patch
- Vaginal Ring
- Condoms – these can also prevent the spread of sexually transmitted infection.

Contraception and breastfeeding

When you are breastfeeding there are a number of contraceptive options for you that should not affect your baby or your supply of milk (mentioned in detail in this leaflet). Breastfeeding is not a reliable method of contraception. However, you are less likely to get pregnant if:

- Your baby is less than six months old and
- Your periods have not come back and
- You are fully breastfeeding day and night with no bottle feeds at all.

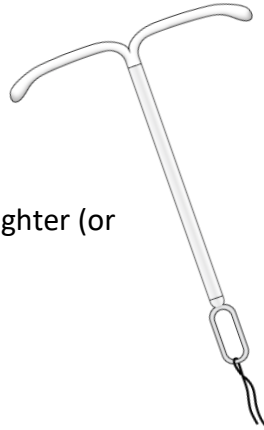
If you have problems with breastfeeding or milk supply you should contact the infant feeding centre in the hospital for advice.

Hormonal intrauterine system (IUS)

The hormonal intrauterine system (IUS) (sometimes known as a mirena) is a little, t-shaped device that is placed in your uterus (womb). It releases a small amount of hormone, called progestogen, which prevents sperm from getting through the cervix into the uterus and meeting up with an egg. It may give you lighter or no periods.

Advantages

- It can be inserted as soon as your baby is born (in the labour ward)
- Lasts for up to five years
- More than 99% effective
- It can be removed easily
- Very low dose of safe hormone
- Quick return to fertility
- Periods/bleeding will probably be lighter (or bleeding might stop altogether)
- Suitable for breastfeeding women
- 'Fit it and forget it.'



Disadvantages

- Possible irregular bleeding which takes a few months to settle
- Must be inserted by a clinician.

When can I start using this after I have my baby?

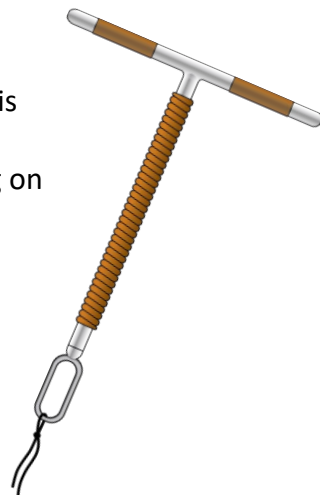
The hormonal IUS can be fitted either in the first 48 hours after delivery or four weeks later. This will be discussed by your midwife or doctor before you give birth and can be planned for the time of your delivery. It can also be inserted at the time of a planned caesarean section.

Copper (hormone free) intrauterine contraceptive device (IUCD)

The copper IUCD is a little, t-shaped device that is placed in your uterus (womb) and alters the way sperm move. This prevents them from fertilising an egg. This type of IUCD has a small amount of natural, safe copper. It's 100% hormone free and doesn't alter your periods.

Advantages

- It can be inserted as soon as your baby is born (in the labour ward)
- Lasts for up to 5 or 10 years (depending on the type of Copper IUCD)
- More than 99% effective
- It can be removed easily
- No hormones
- 'Fit it and forget it'
- Continued regular periods
- Quick return to fertility
- Suitable for breastfeeding women.



Disadvantages

- Possible heavier, crampier periods
- Must be inserted by a clinician.

When can I start using this after I have my baby?

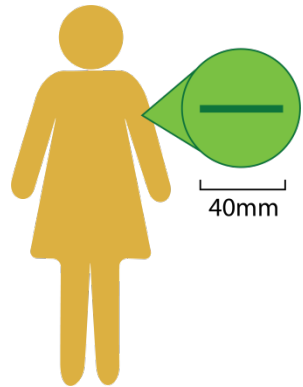
The copper IUCD can be fitted either in the first 48 hours after delivery or four weeks later. This will be discussed by your midwife or doctor before you give birth and can be planned for the time of your delivery. It can also be inserted at the time of a planned caesarean section.

Implant

The implant is a tiny rod, about the size of a bendy matchstick that is inserted under the skin of your upper arm. The implant releases a hormone called progestogen that prevents your ovaries from releasing eggs and thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.

Advantages

- It can be inserted as soon as you have your baby, either before leaving the hospital or at home by your community midwife
- Lasts for three years
- More than 99% effective
- Quick return to fertility
- May have lighter periods
- Suitable for breast feeding women
- 'Fit it and forget it'
- Quick return to fertility.



Disadvantages

- Possible irregular periods (or no periods).

When can I start using this after I have my baby?

You can use this immediately after having your baby. It can be inserted in the hospital before going home or at home by your community midwife.

Injection (jag)

The jag is just what it sounds like- an injection that keeps you from getting pregnant. The jag contains progesterone, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.

Advantages

- It can be given as soon as you have had your baby- in the postnatal ward
- Lasts for 3 months
- 94% effective
- May have lighter or no periods.

It is suitable for breastfeeding women. There is also a new injection which you can give to yourself every 3 months after some training from a midwife, nurse or doctor.



Disadvantages

- Must see a health professional every three months for the injection (unless you chose the injection that you can give to yourself)
- Possible delay in return to fertility
- Possible irregular periods.

When can I start using this after I have my baby?

You can use this immediately after having your baby. It can be given in the hospital before going home.

Progestogen only pills

These pills contain only one hormone, progestogen. This method suits women who want to take pills but who cannot have estrogen. The pills are taken every day. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg and the newer ones that keep the ovaries from releasing an egg.

Advantages

- The pills can be started as soon as you have had your baby- they are available from the postnatal ward
- 91% effective
- Reversible after stopping
- Suitable for breastfeeding women
- Safe for women who cannot have estrogen
- May have no bleeding.

Disadvantages

- May have irregular bleeding
- Must remember to take at the same time each day.

When can I start using these after I have my baby?

You can use these immediately, if you want to. Your midwife can give you a supply of pills before leaving hospital



Combined hormonal contraception

These methods contain two hormones, estrogen and progestogen, that prevent your ovaries from releasing an egg. Usually this is a pill that you take at the same time every day. There are lots of different kinds of pills on the market. There are also patches or vaginal rings which work just like the pill.

Advantages for these methods

- 91% effective
- Shorter, lighter and less painful periods
- Reversible after stopping
- May help with acne.

Disadvantages

- May have irregular bleeding, usually improves over time
- Must use the method correctly
- Some women cannot take estrogen for health reasons.

When can I start using these after I have my baby?

If you are breast feeding you cannot use a combined hormonal method until 6 weeks after you have had your baby. If you are **not** breast feeding then you may be able to start combined hormonal contraception at three weeks after you have your baby but some women may need to wait until 6 weeks after delivery due to health reasons. You can use another method in the meantime.

Female sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. There are different ways of doing this. You will need to have it done in hospital. If you are thinking about having female sterilisation you should speak to your doctor as soon as possible so they can advise you about what your options are. Remember that the intrauterine methods (hormone IUS and copper IUCD) and implant mentioned in this leaflet are at least as effective as female sterilisation.

Advantages

- Permanent
- More than 99% effective
- No change in periods.

Disadvantages

- Higher failure rate if done during caesarean section
- Irreversible
- Must be certain you never want another pregnancy
- Surgical procedure
- Might require general anaesthetic
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have the operation. If you have a planned caesarean section it may be possible to have this done at the same time.

Male sterilisation – vasectomy

This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick procedure done under local anaesthetic. It can be done in a community clinic. To arrange this you should ask your GP for a referral to Chalmers Sexual Health Service. Male sterilisation is more effective than female sterilisation and a much simpler procedure. Remember that the intrauterine methods (hormone IUS and copper IUCD) and implant mentioned in this leaflet are very effective, reversible methods.

Advantages

- Permanent
- More than 99% effective
- Local anaesthetic.

Disadvantages

- Irreversible
- Surgical procedure
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have a vasectomy. Ask your GP for referral when your baby is 6-9 months.

Emergency contraception

If you have unprotected sex in the first 3 weeks after having your baby you will not need emergency contraception. If you have any sex after the first 21 days without using reliable contraception then you could get pregnant.

There are two main types of emergency contraception- the copper IUCD (coil) and hormone pills.

Copper IUCD (Copper Coil)

See page 4 for more information about the IUCD.

This is the most effective method of emergency contraception (99% effective) and is 10 times more effective than the emergency pills.

You can have an emergency IUCD fitted up to 5 days after unprotected sex (and sometimes even longer). It is usually easy to insert and is suitable for women of any age. For emergency contraception it needs to stay inside your womb at least until your next period but you might decide to keep it as your main method of contraception. It is suitable for breastfeeding women.

Progestogen pill – (Levonelle)

This is also known as the ‘morning after’ pill because it is most effective if it is taken within 24 hours of unprotected sex. It works by delaying the release of an egg (if this has not happened already). It can be taken up to 3 days after unprotected sex and will get less effective the longer you wait to take it.

It is suitable for breastfeeding women and will not affect the baby or breast milk supply.

You can get Levonelle free of charge from pharmacies in Scotland if you are registered with a GP, or from your local sexual health clinic.

Ulipristal acetate (EllaOne)

This pill can be taken up to 5 days after unprotected sex. It works by delaying the release of an egg. It is more effective than Levonelle. You can get EllaOne free of charge from pharmacies in Scotland if you are registered with a GP, or from your local sexual health clinic.

Hormonal methods of contraception make EllaOne less effective, so you should not use any hormonal methods of contraception for 5 days after taking EllaOne.

Breastfeeding women are advised to discard breastmilk for 7 days after taking Ellaone.

Services

GP practices provide the majority of contraception in Lothian. It is worth asking at your practice to find out what is available.

Chalmers Centre, Howden and other local clinics offer a full sexual health service including:

- Contraception information and provision
- IUCD and IUS insertion and removal
- Implant insertion and removal.

For appointments, information and advice call 0131 536 1070. Lines are open Monday to Friday 9am-4pm or visit (using the link or by scanning the QR code with your smart phone camera):

www.lothiansexualhealth.scot.nhs.uk



Translation services

This leaflet may be made available in a larger print, Braille or your community language.