

CONTRACEPTION AFTER HAVING A BABY

Contraception will be discussed either while in the hospital or during your postnatal checks (one week and 6 week check).

When will I be fertile again?

The time for fertility to return is very variable between women. It is important not to take any risks, if you do not want to become pregnant again. Therefore, you should decide on the type of contraception you are going to use as soon as possible after having a baby. You will need contraception from 21 days after your baby is born. Your periods usually return about four to ten weeks after your baby's birth if you are bottle-feeding, or combining breast and bottle. If you are breast-feeding, your periods may not start until much later. For some women this might be after you have stopped breast-feeding.

How soon can I have sex again?

You can have sex as soon as you and your partner feel ready to. Some people find it takes a while to feel ready, both physically and emotionally. If you have had stitches, then these are usually dissolvable so will not need removing. If you are having any discomfort from these then you should consult your doctor in the team. Some women find they need to use some vaginal lubricant if they feel more dry than normal.

Is breast-feeding an effective contraceptive?

Breast feeding is not an effective contraceptive unless you are fully breast feeding and not giving the baby any top feeds. When you stop fully (or nearly fully) breast-feeding, you can get pregnant. Many women decide to use some contraception in addition to breast-feeding, to reduce their risk of an unplanned pregnancy. There are methods available that will not affect your ability to produce milk.

How effective is contraception?

The effectiveness depends on the method as well the consistency of use.

What are the different methods of contraception?

When you choose a method of contraception you need to think about: How effective it is.

- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.

If you have a medical condition, or take medicines that interact with the method.

The types of contraceptives can be divided into short-acting, long-acting and permanent. If you are planning on having another baby in the next year or so then you should consider a short-acting contraceptive.

Oral pills

Progestogen-only pill (POP)

The POP used to be called the 'mini-pill'. It contains just a progestogen hormone. It is more than 99% effective *if used properly*. It is commonly taken if the COCP is not suitable, such as in breast-feeding women, smokers over the age of 35 and some women with migraine. It works mainly by causing a plug of mucus in the neck of the womb (cervix) that blocks sperm. It also thins the lining of the womb, making it less likely the egg will implant.

Some advantages - less risk of serious problems than the COCP. When you stop taking it, you quickly become fertile again.

Some disadvantages - periods often become irregular. Some women have side-effects. Most types are not quite as reliable as the COCP.

The POP can be started from 21 days after the birth. You need to remember to take it at the same time every day because, if you take a pill more than 12 hours later than usual, you lose protection.

Combined oral contraceptive pill (COCP)

Cannot be taken until 6 months after childbirth if breastfeeding.

The COCP is often just called 'the pill'. Approximately 1 woman in 300 using the pill correctly will become pregnant each year. It contains oestrogen and progestogen and works mainly by stopping egg production (ovulation). It is very popular. Different brands suit different people.

Some advantages - it is very effective. Side-effects are uncommon. It helps to ease painful and heavy periods. **It reduces the chance of some cancers.** When you stop taking it, you quickly become fertile again.

Some disadvantages - there is a small risk of serious problems (eg blood clots). Some women have side-effects. You must remember to take it. It can't be used by women with certain medical conditions, such as uncontrolled high blood pressure. It is myth that it causes cancer.

Barrier methods

Condoms prevent sperm entering the uterus.

Some advantages - no serious medical risks or side-effects. Condoms help protect from sexually transmitted infections. Condoms are widely available. Your fertility is not affected by these methods.

Some disadvantages - not quite as reliable as other methods. They need to be used properly every time you have sex. They occasionally split or come off.

Intrauterine contraceptive device (IUCD)

A plastic and copper device is put into the womb. It lasts three, five or more years. Fewer than 2 women in 100 will become pregnant with five years of use of this method. It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the uterus. The copper also has a spermicidal effect (kills sperm).

Some advantages - it is very effective. You do not have to remember to take pills. You quickly become fertile when it is removed.

Some disadvantages - your periods may become heavier or more painful. It does not cause weight gain. There is a small risk of serious problems. It rarely migrates out of the womb.

An IUCD can usually be fitted 6-8 weeks after giving birth.

Intrauterine system (IUS) (MIRENA)

A plastic device that contains a progestogen hormone is put into the uterus. The progestogen is released at a slow but constant rate. Fewer than 1 woman in 100 will become pregnant with five years of use of this method. It works by making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from the neck of your womb. It is also used to treat heavy periods.

Some advantages - it is very effective. You do not have to remember to take pills. Periods become light or stop altogether. You quickly become fertile when it is removed.

Some disadvantages - side-effects may be nausea, breast tenderness, irregular bleeding etc. These risks are less likely than oral tablets.

An IUS can usually be fitted 6-8 weeks after giving birth.

Sterilisation - a permanent method of contraception

This involves an operation. It is very effective but this can vary from surgeon to surgeon. Vasectomy (male sterilisation) stops sperm travelling from the testes. Female sterilisation prevents the egg from travelling along the Fallopian tubes to meet a sperm. Vasectomy is easier as it can be done under local anaesthetic. These methods are often used when your family is complete. You should be sure of your decision as they are difficult to reverse. Mirena has to be considered before making a decision.

Some advantages - very effective. You do not have to think further about contraception.

Some disadvantages - very difficult to reverse. Female sterilisation usually needs a general anaesthetic.

If you have Caesarean section, the surgeon may sterilise you at the same time, if you are very sure of your decision. Or you can return later when you and your partner have decided.

Can I still use emergency contraception after having a baby?

Emergency contraception can be used at any time if you had sex without using contraception. Please see us as soon as possible for discussing the options.

PLEASE READ THIS LEAFLET CAREFULLY BEFORE COMING FOR YOUR 6 WEEKS CHECK. THIS WILL HELP US DECIDE TOGETHER ABOUT THE CHOICE OF CONTRACEPTIVE.

HAPPY MOTHERHOOD!

Signature of the consultant _____

Signature of patient _____

Date _____