

Patient Information

Planning contraception for after pregnancy

Women's Services



Introduction

At the Diamond Jubilee Maternity Unit (part of the East and North Herts NHS Trust), we are excited to announce an additional service to help our new mothers plan for and start contraception after having a baby.

We understand that the first few weeks after giving birth are a very special time for you and your family, but this can be quite a hectic time too. It can sometimes be difficult to access family planning services at the GP surgeries or sexual health clinics, especially during the current pandemic. We hope to help you plan ahead to make the process of deciding about contraception as easy for you as possible. The first step in doing this is to decide what type of contraception you think will suit you best. This leaflet provides you with the contraception options available after pregnancy to help you make the right personal choice.

Why should I consider contraception after pregnancy?

Your fertility can return quickly after pregnancy. It is possible to become pregnant as early as 3 weeks after giving birth. We would like to help you to be able to plan your future pregnancies, and avoid a short gap between pregnancies, which can be associated with poorer outcomes during pregnancy. If you have a Caesarean section, a short time interval between pregnancies may put your next pregnancy at risk or make a vaginal delivery unsuitable.



When can I start contraception?

Most options (other than the combined hormonal contraceptives) are available immediately after giving birth, although the option you choose and how you give birth may affect this. You do not have to start contraception immediately after birth, although, should you choose to, we recommend that you do so at this time.

It is worth considering the options well in advance of your due date and we are happy to discuss this with you during your pregnancy if you wish to. This will allow you to fully consider what will suit you best and it will also allow you to start your chosen method of contraception before your fertility returns.

What options will be available to me?

What we can offer you will depend on your past medical history. We recommend you discuss which options will be available specifically to you with your doctor or midwife. A summary of all the options of contraception that we may be able to offer, or advise on are shown below and on the next pages:

1) IUD (copper coil)

- No hormones
- Lasts 5-10 years
- Can make periods heavier and/or more painful
- 99.2% effective
- Can be started immediately after birth or at time of planned Caesarean section



2) IUS (hormonal coil)

- Hormonal coil
- Lasts 3-5 years
- Can make periods lighter or stop entirely
- 99.8% effective
- Can be started immediately after birth or at time of planned Caesarean section



3) Implant

- Hormone releasing rod inserted under the skin in your arm
- Lasts 3 years
- 99.9% effective
- Can be started immediately after birth
- Safe with breastfeeding



4) Depot injection

- Hormone injection
- Lasts 8 or 13 weeks
- 94% effective
- Can take a while for your fertility to return once stopped
- May cause your periods to become heavier, lighter, irregular or stop altogether



5) Progesterone only pill

- You may hear this called the 'mini pill'
- A tablet you take once a day
- 91% effective
- May cause irregular bleeding (tends to get better the longer you use it for)
- Safe with breastfeeding



6) Breastfeeding as contraception

- You may rely on breastfeeding as contraception for up to 6 months after giving birth **if you are exclusively breastfeeding** (no formula or solids) **and you are not** having periods



7) Combined hormonal contraception

- This may be offered to you as a daily tablet, a skin patch or a vaginal ring
- You will not be able to use any of these until after 6 weeks from giving birth
- 91% effective



8) Barrier methods

- This includes condoms and diaphragms
- 82-88% effective



Long-acting reversible contraception (LARC)

These methods of contraception are proven to be the most effective. They have the benefit of giving you effective contraception which lasts for at least 3 years without you having to do anything. Should you choose to add to your family, they are also easily removed. Options which fall within this group include:

- 1) **IUD** - copper coil, hormone free
- 2) **IUS** - hormonal coil
- 3) **Implant** - hormone releasing rod under the skin
- 4) **Depot injection** - progestogen injection

Short-term contraception

These methods all require you to remember to take or use them:

- 5) **Progesterone only pill** - often called 'the mini pill'
- 6) **Breastfeeding as contraception** (lactational amenorrhoea)
- 7) **Combined hormonal contraceptives** - the combined pill, contraceptive skin patch or vaginal ring
- 8) **Barrier methods** - male and female condoms
- 9) **Natural methods** or fertility awareness methods - tracking your cycle, although it can be difficult to know when you may have ovulated after giving birth)

Permanent contraceptives

- **Male sterilisation** - vasectomy
- **Female sterilisation** - often referred to as having 'your tubes tied'

Note - *the long-acting contraceptive options have a lower failure rate than both male and female sterilisation, and they are also reversible options.*

Which options can I use if I am breastfeeding?

All of the options mentioned on the previous page will be available to you if you are breast feeding, **except** the **combined hormonal contraception** (number 7) - this includes the **combined pill**, the **contraceptive skin patch** and the **contraceptive vaginal ring**.

- If you are using the progesterone only pill ('mini pill'), the IUS (hormone coil) or depot injection, it will not affect your breastmilk production
- If you are using hormonal methods, a small amount may be present in your breastmilk, but research has shown that this will not cause any harm to your baby
- If you are breastfeeding and wish to start any of the combined contraceptive methods, you will have to wait until at least 6 weeks from birth

Is breastfeeding a type of contraception?

- Breastfeeding is only effective as contraception if **all** of the below apply:
 - **You are within the first 6 months after giving birth**
 - **You have not had a period since giving birth**
 - **You are exclusively breastfeeding**
- If you reduce the amount you breastfeed, add formula or solids to your baby's feeds, or have a period at any point, you will no longer have the contraceptive effect of breastfeeding
- Should you wish to start an alternative form of contraception at this point, you will then need to make an appointment with your GP or local family planning service

How effective are each of the options?

The table below summarises the **typical failure rates** of each of the contraceptive options:

- ⇒ Typical use (%) is how most people tend to use these methods
- ⇒ Perfect use (%) is the usage recommended and used in clinical trials

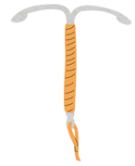
Method	Typical use (%)	Perfect use (%)
IUD (copper coil)	0.8	0.6
IUS (hormonal coil)	0.2	0.2
Implant	0.05	0.05
Depot injection	6	0.2
Progesterone only pill	9	0.3
Combined hormonal contraception *	9	0.3
Male condom	18	2
Female diaphragm	12	6
Male sterilisation	0.15	0.1
Female sterilisation	0.5	0.5
Natural or fertility awareness methods	24	0.4-0.5
No contraception	85	85

- * Includes the combined pill, the contraceptive skin patch and the contraceptive vaginal ring

How do each of the options work and how would I use them?

IUD (Intra-uterine device)

This is a 'T-shaped' device you may have heard referred to as a 'coil'. It has a copper coating which is toxic to sperm. It does not contain any hormones. It is inserted into the womb through the cervix (neck of the womb). This can be done either within 48 hours of giving birth, or 4 weeks after this. If you have a planned Caesarean section, this may be done at the same time. The IUD can make your periods heavier and for some, more painful. It lasts 5-10 years depending on the type used. After this, it will have to be removed and replaced for you to continue to have the contraceptive effect.



IUS (intra-uterine system)

This is another 'T-shaped' coil device that sits within the womb. It has a coating which releases a low dose of progesterone hormones to thin the lining of the womb to prevent an egg implanting there. In some women it will cause their periods to become lighter or stop entirely. It lasts 3-5 years depending on the type used, after which, you would need to have it removed and replaced.



As the hormones work *locally* to give the effect of contraception, people do not tend to have side effects that they may have had from other hormonal methods.

It is inserted into the womb through the cervix (neck of the womb). This can be done either within 48 hours of giving birth, or from 4 weeks after this. If you have a planned caesarean section, this may be done at the same time.

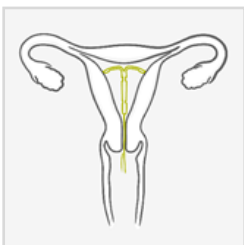


Diagram of a womb

The implant (nexaplenon)

- This is a small rod-shaped device that is inserted under the skin in your upper arm
- It works by thinning the lining of the womb and preventing ovulation
- It can be started at any time after giving birth and is safe to have whilst breastfeeding
- It lasts for 3 years, after which you will have to have it removed and replaced
- It may cause irregular bleeding in the first few months, or cause your periods to become heavier or lighter, or stop entirely



Depot injection

- This is a progesterone-based hormone injection which is effective for 13 weeks
- It works by thinning the lining of the womb and stopping ovulation
- It can be given at any time after giving birth and it is safe with breastfeeding
- After your first injection, you will need to make an appointment with your GP or family planning clinic for your next doses
- In case the current pandemic continues, you may be taught to give these injections yourself at home should you wish to, to help reduce your hospital and clinic attendances
- It can take a while for your fertility to return after stopping this, so if you think you may want to try for a pregnancy soon after you stop using contraception, a different option may be better for you




The progesterone only pill



- You might hear this referred to as the 'mini pill'
- It is a tablet which contains the hormone progestogen that you take at the same time every day
- Progestogen is a man-made version of the hormone progesterone naturally made by the body
- It works by creating a 'mucus plug' in your cervix, which acts a barrier to sperm getting through into the womb
- It can sometimes cause irregular bleeding, but this tends to get better the longer you use it for

Combined hormonal contraception

- This is called 'combined' because it contains two types of hormones – oestrogen and progestogen 
- It works by stopping ovulation
- It can be given as a tablet you take every day; a patch applied to the skin once a week, or a ring within the vagina for 3 weeks which is then replaced a week later, however, tablets are most commonly used
- This form of contraception can reduce the amount of milk you produce, so if you are breastfeeding, you will have to wait until at least 6 weeks after you have given birth to start any form of combined hormonal contraception
- If you have any medical conditions, such as blood clots or migraine with aura, you will not be able to have the combined hormonal contraceptives
- If any aspects of your birth or medical history put you at higher risk of developing blood clots, you may not be able to have this method of contraception. This includes having a caesarean section, requiring a blood transfusion, smoking, losing a higher amount of blood than usual and having a BMI above 30

Sterilisation - Female sterilisation

- You may have heard this referred to as 'having your tubes tied'. This is usually done by keyhole surgery with a general

anaesthetic (while you are asleep) after you have recovered from giving birth.

- If you have a caesarean section, the sterilisation can be done at the same time, however this will have to be planned and discussed well in advance with your doctor as it is an irreversible procedure
- It is also good to keep in mind that many of the long-acting contraceptives have a lower failure rate than female sterilisation
- You can use other forms of contraception mentioned in this leaflet whilst you await this procedure

Male sterilisation

- This procedure (vasectomy) can be carried out under local anaesthetic (numbing the area) and has a lower chance of failure than female sterilisation
- Should your partner wish to have this procedure done, they can discuss this with their GP who will refer them to the specialist service for this

When using contraception, what do I do if I want to get pregnant again?

Each of the methods mentioned are easily stopped and are reversible (other than sterilisation). You can speak to your GP or local family planning clinic if you wish to do so. The depot injection can cause a delay in the return of your fertility, so if you think you will be planning for another pregnancy soon, it may be best to choose another option. Equally if you think your contraceptive choice is not suiting you, it can be stopped or removed, and alternative options can be considered.

Will I be able to have my chosen contraception provided whilst I am in the Maternity Unit?

Whilst we hope to provide this service to you soon, we are not yet able to provide routine coils and implants on the postnatal ward or the Midwifery Led Unit (MLU) following vaginal delivery. We can offer:

- ⇒ Coil insertion at planned/elective caesarean sections
- ⇒ The progesterone only pill
- ⇒ The depot injection

Useful contact details

Antenatal Clinic, Lister Hospital	☎ 01438 314333 ext.4070
Antenatal Appointments	☎ 01438 286031
Consultant Led Unit, Lister Hospital	☎ 01438 284124 (24 hours)
Midwifery Led Unit, Lister Hospital	☎ 07789 935620
Maternity Advice Line	☎ 01438 284102

Useful websites for more information

- **NHS website** - www.nhs.uk/conditions/pregnancy-and-baby/

Further reading

There are other maternity information leaflets you may wish to read. These are available on our East & North Herts NHS Trust website: www.enherts-tr.nhs.uk/patient-information/

**You and your baby are important to us –
Thank you for choosing The Diamond Jubilee Maternity Unit
East and North Hertfordshire NHS Trust**

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