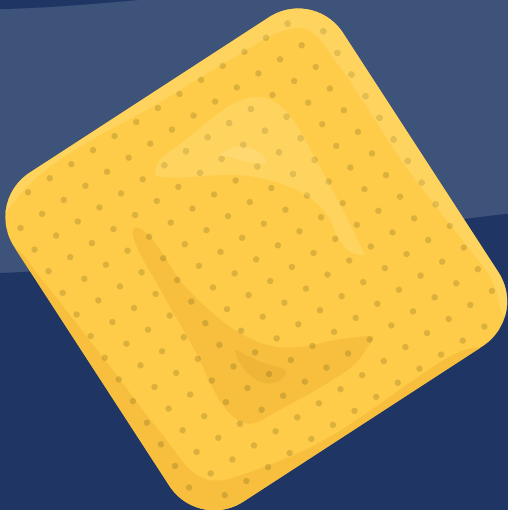


Contraception after having a baby





Contraceptive Options

There are many very **effective and safe** methods of contraception that are ideal for people who have just had a baby and want to space their pregnancies and who want long term contraception (**LARC - Long Acting Reversible Contraception**).

We will discuss these LARC methods first.

- Hormonal IUS (hormone coil)
- Copper IUD (copper coil)
- Implant (rod)
- Injection (jag)

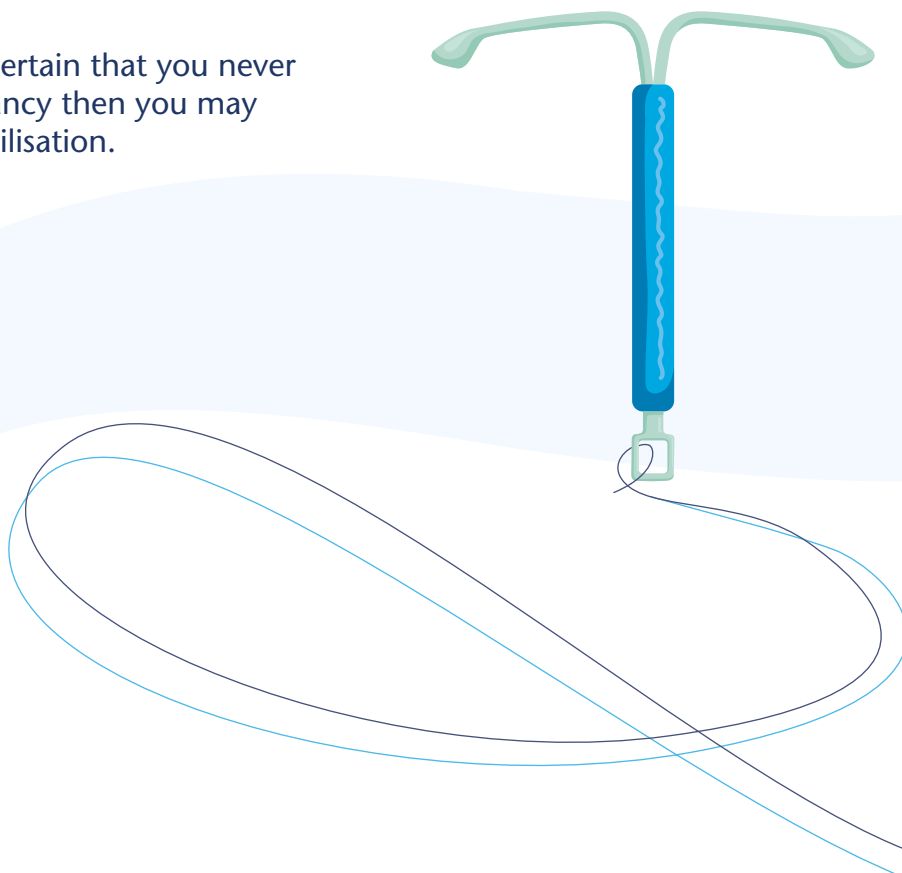
We know that people who use intrauterine methods (hormone and copper coils) and implants are 4 times less likely to have an unplanned pregnancy than people who use other methods as you can “fit and forget” them.

However, if you are certain that you never want another pregnancy then you may want to consider sterilisation.

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

- Progestogen-only pill
- Combined pill, patch or vaginal ring
- Condom: these can also prevent sexually transmitted infections

Read this leaflet to get more detailed information about each method and a better idea of what may suit you. You can find more information on contraception by scanning the QR code on the back of this leaflet.



Contraception and breastfeeding

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 3 weeks after the baby is born (the sooner the better)

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 in the long term. However, you are less likely to get pregnant if:

- your baby is less than 6 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 need support with breastfeeding you can contact your midwife or health visitor for advice.

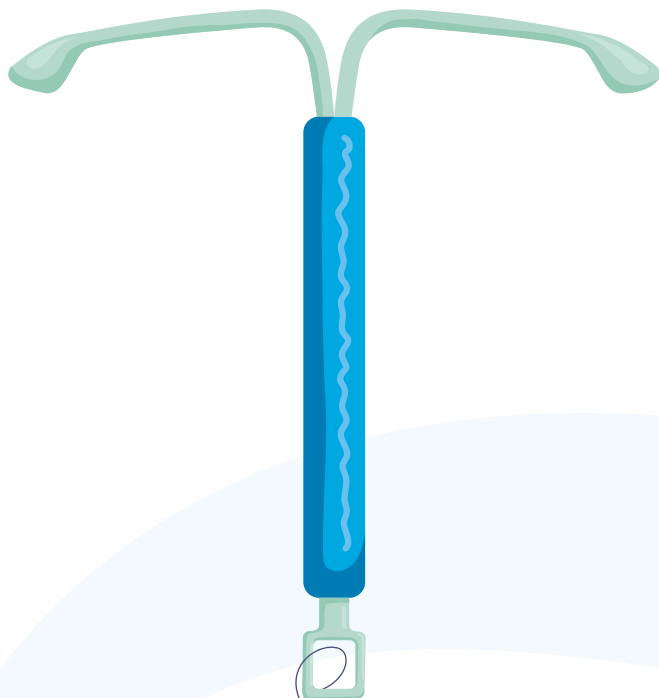
Breastfeeding Support Workers are available in some areas and they, along with community midwives and health visitors, will be able to provide practical help with breast feeding.



LARC - Long Acting Reversible Contraception

Hormone coil (Intrauterine system - IUS)

The hormonal intrauterine system (IUS) is a small, 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, and a fertilised egg implanting in your womb.



Advantages +

- It can be inserted as soon as your baby is born: in the labour ward or at your caesarean section
- Lasts for up to 6 years and depending on the type of hormonal coil
- More than 99% effective
- It can be removed easily
- Very low dose of a safe hormone
- Quick return to fertility
- Periods/bleeding may be lighter and less painful or stop altogether
- Suitable for if you are breastfeeding
- 'Fit and forget it'

Disadvantages -

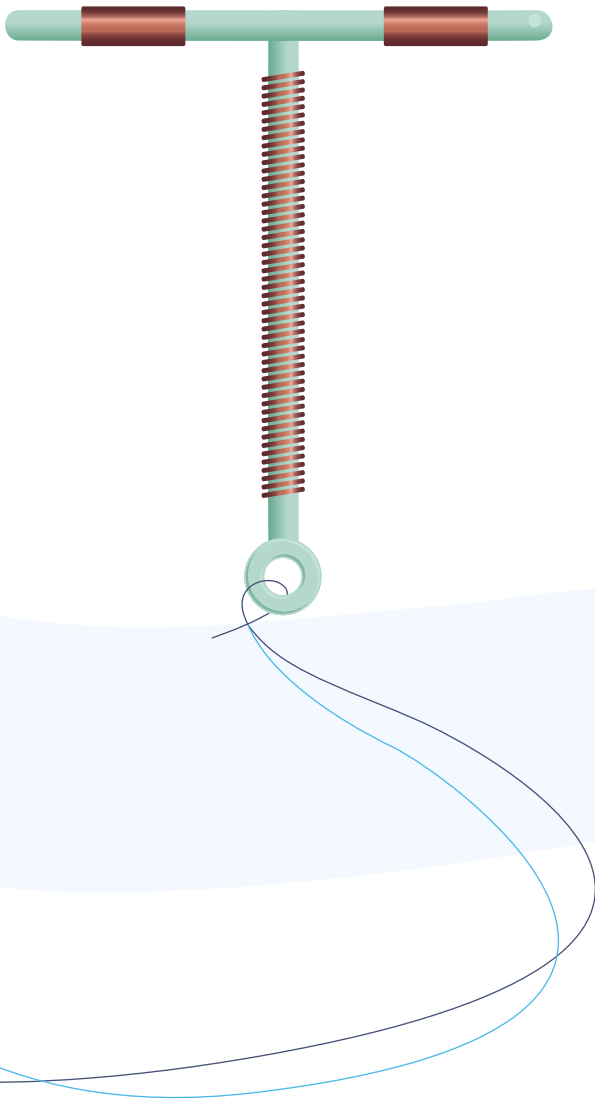
- Possible irregular bleeding which may take a few months to settle
- Possible hormonal effects on mood, skin etc, but not likely as the hormone levels in your blood are very low

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

The IUS can be fitted within the first 48 hours of birth or 4 weeks or more after birth. This will be discussed with you by the midwife or doctor antenatally and can be planned for the time of birth or at the time of a planned caesarean section.

Copper coil (intrauterine device- IUD)

The copper IUD is a small, 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 IUD has a small amount of natural, safe copper. It's 100% hormone free.



Advantages +

- It can be inserted as soon as your baby is born: in the labour ward or at your caesarean section
- Lasts for up to 5 or 10 years (depending on type of Copper IUD)
- >99% effective
- It can be removed easily
- No hormones
- Quick return to fertility
- Continued regular periods
- Suitable if you are breast feeding
- 'Fit it and forget it'

Disadvantages -

- Possible heavier periods with cramping

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

The copper IUD can be fitted either in the first 48 hours after birth or 4 weeks or more after birth. This will be discussed with you with the midwife or doctor antenatally and can be planned for the time of birth. It can also be inserted at the time of a planned caesarean section.

Implant (rod)

The implant is a small 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.

Advantages +

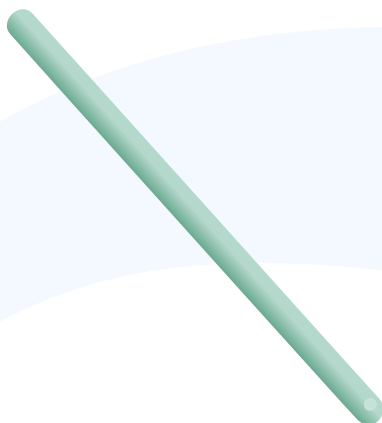
- It can be inserted as soon as your baby is born (in the labour ward or at your caesarean section)
- Lasts for 3 years
- More than 99% effective: the most effective contraceptive method available, even more effective than sterilisation
- Periods may be lighter
- Suitable if you are breast feeding
- 'Fit it and forget it'
- Quick return to fertility

Disadvantages -

- Irregular periods which can be prolonged are quite common
- Possible hormonal effects on mood, skin, etc. but not that likely as hormone levels quite low and stable

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

Immediately after having your baby. It can be inserted in the hospital before going home, or at home by your community midwife.



Injection (jag)

This small injection contains progestogen, a hormone that prevents the ovaries from releasing eggs. It also thickens the cervical mucus, which helps to block sperm from getting to the egg.



Advantages +

- It can be given as soon as you have had your baby in the post-natal ward
- Lasts for 3 months
- 94% effective
- May have lighter or no periods
- Suitable if you are breastfeeding
- There is a new injection called SayanaPress 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 3 months for the injection (unless you choose the injection that you can give to yourself)
- Possible delay in return to fertility for up to a year
- Possible irregular periods which usually settle with time
- Possible weight gain due to increased appetite
- Possible hormonal effects on mood, skin etc. until medication wears off

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

Immediately after having your baby. It can be given in the hospital before going home.

Other Contraceptive Methods

Progestogen-only pills

These pills contain only one hormone, progestogen.

This method suits people who want to take pills but who cannot or do not want to have Oestrogen. 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 also keep the ovaries from releasing an egg.

Advantages +

- 91% effective
- The pills can be started as soon as you have had your baby – they are available from the postnatal ward
- Immediately reversible after stopping
- Suitable if you are breastfeeding
- Safe for people who cannot have oestrogen
- May have no bleeding

Disadvantages -

- Must remember to take at the same time each day
- May have irregular bleeding which often settles with time
- Possible hormonal effects on mood, skin, etc

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

Immediately, if you choose to. Your midwife can give you a supply of pills before leaving hospital.



Combined hormonal contraception (pill, patch or ring)

These methods contain two hormones, oestrogen 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 combined patches or vaginal rings which work just like the pill.

Advantages +

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

Disadvantages -

- Must use the method correctly
- May have irregular bleeding, usually improves quickly
- Some people cannot take oestrogen for health reasons
- Very small increased risk of getting a blood clot in your leg or lungs, breast cancer, heart attack and stroke
- Possible hormonal effects on mood, skin, etc

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

If you are breast feeding you cannot use a combined hormonal method until 6 weeks after the birth.

If you are NOT breastfeeding then you may be able to start combined hormonal contraception at 3 weeks after you have had your baby but some people may need to wait 6 weeks after birth due to health reasons.

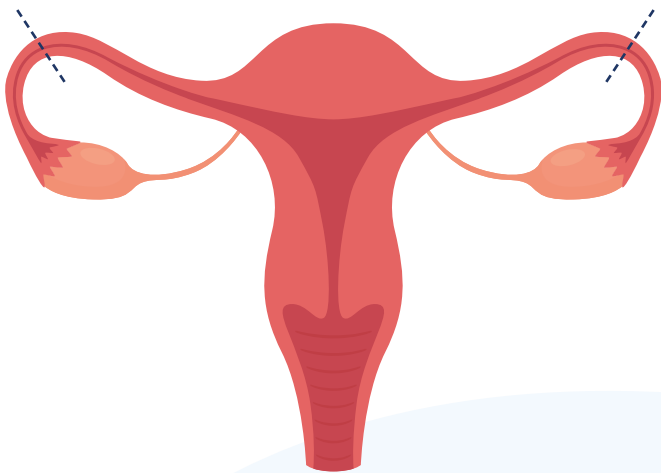
You can use another method in the meantime.



Sterilisation (Tubal Occlusion/blockage)

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 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 (IUS and copper IUD) and implant mentioned in this leaflet are at least as effective as sterilisation.



Advantages +

- Permanent
- >99% effective
- Non hormonal
- Can be done at the time of a planned caesarean

Disadvantages -

- Irreversible- must be certain you never want another baby
- Surgical procedure
- Might require general anaesthetic
- Risk of complications
- Higher failure rate if done during caesarean section
- If you have been on long term hormonal contraception you may notice your natural periods are more heavy or painful

When can I start using it 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.

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. A vasectomy is more effective than tubal occlusion/blockage and a much simpler procedure.

Remember that the intrauterine methods (hormone IUS and copper IUD) and implant mentioned in this leaflet are very effective, reversible methods.

Advantages +

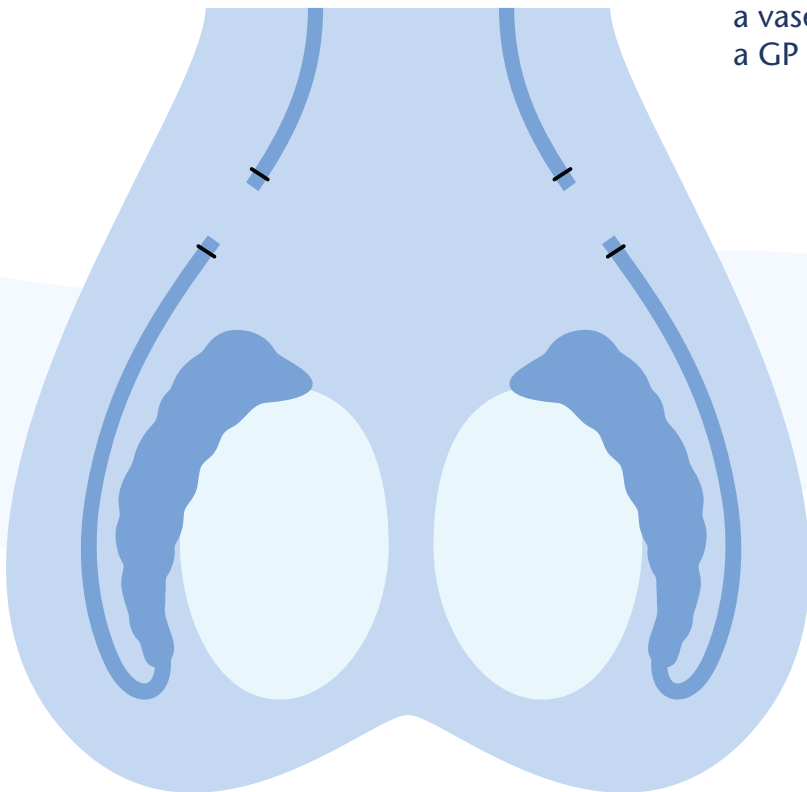
- Permanent
- >99% effective
- Usually done under local anaesthetic

Disadvantages -

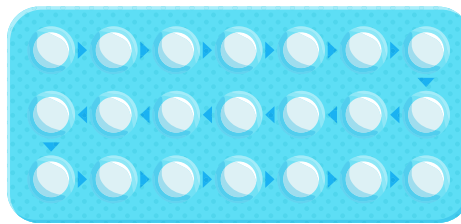
- Irreversible must be certain your partner never wants another baby
- Surgical procedure
- Risk of complications

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

Couples will normally be advised to wait until their youngest child is a year old before having a vasectomy. A referral can be requested from a GP when the 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 **2 main types** of emergency contraception: the copper IUD (coil) and hormone pills.

Copper IUD (copper coil)

See previous information for more information about the IUD. 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 IUD fitted **up to 5 days after unprotected sex** (and sometimes even longer). It is usually easy to insert and is suitable for people 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 anyone who is breastfeeding.

Progestogen emergency 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 if you are breastfeeding 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.

Services

GP Practices provide some contraception services. Please check with your local Surgery.

Sexual Health appointments for implant, coil insertions and emergency contraception for Tayside can be made by phoning **01382 425542** between 9:00 am – 12:00 pm or by using our Online Booking System.

For up-to-date information on our services in Tayside scan the QR code or go to:



<https://www.sexualhealthtayside.org/>

