

How effective are these methods?

This is the percentage of women who have an unplanned pregnancy with perfect and typical use of each method over one year:

| | |
|--------------------------|----------|
| • Progesterone pill | 0.3-9% |
| • Copper coil | 0.6-0.8% |
| • Hormonal coil | 0.2% |
| • Progesterone implant | 0.05% |
| • Progesterone injection | 0.2-6% |
| • Combined pill | 0.3-9% |
| • Lactational amenorrhea | 2% |
| • Condoms | 2-18% |

How do I access postnatal contraception?

- If you would like the progesterone only pill please talk to your midwife or doctor on the postnatal ward. This can be started in hospital.
- If you would like a coil inserted at the time of your caesarean, please discuss this with your doctor who can add this to your consent form.
- If you would like a coil inserted after a vaginal delivery, please discuss this with your doctor on the postnatal ward.
- If you would like the progesterone injection, please talk to your midwife or doctor on the postnatal ward as this can be given before discharge.
- If you would like the progesterone implant, we may need to refer you to a family planning clinic.
- You can also access through your GP or a family planning clinic at a later time.

For a translation of this leaflet or for accessing this information in another format:

Large Print



Please contact (PALS) the Patient Advice and Liaison Service on:

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Wexham Park & Heatherwood Hospitals

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Legal Notice

Please remember that this leaflet is intended as general information only. We aim to make the information as up to date and accurate as possible. Please therefore always check specific advice or any concerns you may have with your doctor.

Obstetrics and Gynaecology
Frimley Health

Contraception after having your baby



**Information for patients,
relatives and carers**

Introduction

Contraception may be the last thing on your mind right now, but did you know that you can get pregnant as early as 3 weeks after giving birth?

A short gap between pregnancies is not only exhausting for you but can also increase your risks of complications in pregnancy and the risk of the baby not growing well.

We have put together this information leaflet to give you an idea of the contraceptive options available to you (all offered methods are reversible).

If you are interested, please ask your midwife or doctor for further information.

What are your options?

- Progesterone only pill
- Hormonal or copper coil
- Progesterone implant
- Progesterone injection
- Combined oral contraceptive pill

You can also use:

- Barrier methods (condoms, caps and diaphragms)
- Natural family planning: tracking your cycle to work out fertile times or lactation amenorrhoea if breastfeeding.

Desogestrel progesterone only pill (Mini-pill)

One pill taken at the same time each day. It is suitable for most women and can be started straight after birth. It works by thickening the cervical mucus and sometimes prevents ovulation. It can be associated with irregular bleeding although this usually settles with time. Many women have no periods at all when taking this pill. Breastfeeding is not affected.

Copper intrauterine device (Copper coil)

The copper coil can provide contraception for 5-10 years. The copper causes an immune reaction within the womb which is toxic to sperm. It is not toxic to anything else in your body. It is a good option for women wanting to avoid hormones, although it can make your periods heavier and more painful. It can be inserted at the time of caesarean section or within 2 days / after 4 weeks of a vaginal delivery. Breastfeeding is not affected.

Hormonal intrauterine system (Hormonal coil)

The hormonal coil can provide contraception for up to 5 years. It slowly releases a form of progesterone that thins the lining of the womb. The most common side effect is irregular bleeding although this usually settles with time. Many women report their periods being lighter or stopping whilst they have a hormonal coil. It can be inserted at the time of caesarean section or within 2 days / after 4 weeks of a vaginal delivery. Breastfeeding is not affected.

Progesterone implant

The implant is a small rod inserted under the skin of your upper arm and provides contraception for up to 3 years. It slowly releases small amounts of progesterone which thins the lining of the womb and may stop ovulation. It can be inserted any time after birth. It can be associated with irregular bleeding although this usually settles with time, and many women stop having periods at all. Breastfeeding is not affected.

Progestogen injections

This is a single injection into the buttock area every 10-12 weeks. It works by thinning the lining of the womb and stopping ovulation. It can be given any time after birth. It can be associated with irregular bleeding although this usually settles with time and many women stop having periods at all. Breastfeeding is not affected.

Combined Oral Contraceptive pill

One pill taken at the same time each day for 3 weeks, followed by a week break. It works by preventing ovulation. Periods are usual regular and light. Not suitable for women who are breastfeeding (other contraindications also apply). Can be started 3 weeks after delivery if suitable.

Can you rely on breastfeeding as contraception?

Lactational amenorrhoea can provide a level of contraception but only if the following conditions are all met:

- It has been six months or less since the birth of your baby
- You are exclusively breastfeeding (no formula)
- Time between feeds not more than 4 hours in the day and 6 hours at night
- Your periods have not returned

Giving your baby expressed breast milk may reduce the effectiveness of lactational amenorrhoea as contraception.