What are my options?



Contraception (also known as family planning or birth control) protects you from becoming pregnant. Many unplanned pregnancies happen in the first few months after childbirth.

You may still be

pregnant. You may have just given birth and not be thinking about having sex right now. It's still a good time to start thinking and talking about contraception.

Did you know current guidelines recommend at least 18 months between pregnancies?

This leaflet will give you information about your options so you can decide what is best for you. Not all methods may be suitable for you. Always discuss first with your midwife or doctor.

When do I need to start using contraception?

If you don't want to get pregnant, you should start using contraception by 3 weeks (21 days) after having your baby. Many methods can be started straight away after giving birth.

When do my periods re-start?

The earliest your periods will return is 5-6 weeks after giving birth, if you're not breastfeeding. Breastfeeding can delay your periods returning.

Don't wait for your periods to return to start using contraception; you could get pregnant before then.

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These methods are effective

of failing and leading to

unplanned pregnancy.

 Progestogen only pill · Combined hormonal pill,

patch or vaginal ring

prevent the spread of

sexually transmitted

infection.

• Condoms – these can also

Other methods

What are my options?

Long-acting contraception

These methods are safe and effective for woman who want to space our their pregnancies or who want longterm contraception. They have lower risks of unplanned pregnancies than other methods.

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

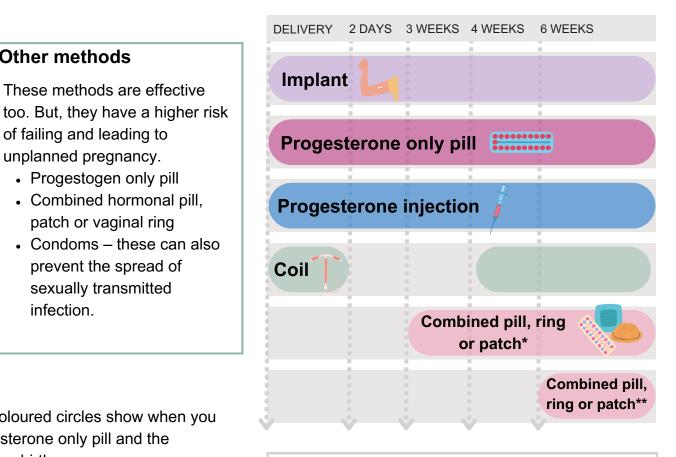
If you are sure that you never want another pregnancy then you may want to consider sterilisation (male or female).

When can I start each contraceptive?

This chart shows when you can start each contraceptive. Coloured circles show when you can start each method. For example, the implant, the progesterone only pill and the progesterone injection can be started immediately after giving birth.

The combined pill, ring and contraceptive patch are another example. When you can start these depends on if you are planning to breastfeed and some other risk factors. If you are interested in starting any of these methods, please speak to your doctor or midwife for more information.

Sometimes the coil can be fitted at the same time as having an elective caesarean section. This should be discussed with your doctor or midwife during your pregnancy.



* if you do not have any risk factors for blood clots and are not breastfeeding

** if you do have risk factors for blood clots e.g. having your baby by c-section delivery, BMI ≥30, postpartum haemorrhage (heavy bleeding after birth), pre-eclampsia or if you smoke. If you are not sure, speak to your doctor or midwife.

Contraception	How does it work?	Advantages	Disadvantages
Intrauterine System T Shaped plastic Coil (IUS) or the copper coil (Cu-IUD) 99%	A device fitted into the womb. IUS: Releases the hormone 'progesterone' into the womb. Can last 5-8 years Cu-IUD: stops sperm from surviving in womb. Can last 5-10 years	 Safe to use if breastfeeding Don't have to remember a pill every day IUS: It can make periods lighter, shorter or less painful Cu-IUD: doesn't contain hormones 	 Has to be fitted by trained professional Risk of infection and pain during having it fitted Cu-IUD: Can sometimes cause heavier, longer & more painful periods
Contraceptive 99%	Small plastic rod is placed under the skin in the arm Releases the hormone progesterone Lasts for 3 years	 Safe to use if breastfeeding Can make periods less painful or lighter Don't have to remember a pill every day 	 Has to be fitted by trained professional Can cause irregular periods
99% injection	Injection of hormone progesterone every 3 months (can be difference with different brands)	 Safe to use if breastfeeding Can make periods lighter Don't have to remember a pill every day 	 Can cause heavy or irregular periods (more likely if started in first few weeks after birth) After stopping the injection, it can take some time to be able to get pregnant again
Progesterone 99% only pill 91%	Take a tablet everyday The tablet has a hormone called progesterone	 Safe to use if breastfeeding Can make periods lighter 	 Can cause irregular periods Need to remember to take it at the same time every day. It may not stop you getting pregnant if you take it too late or miss a pill
99% 91% Combined hormonal contraception	Contain hormones called oestrogen & progesterone Available as a tablet vaginal ring or patch	 Can make periods less painful or lighter 	 Need to remember to take the tablet / change the ring or patch. It is not safe for everyone. You should discuss this with a health professional first. Has been linked to increased risk of breast cancer & blood clots

Perfect use: How effective the method is if it's always used correctly with no missed or late doses (e.g. fewer than 1 in 100 women will get pregnant in a year if used correctly)

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91%

Typical use: How effective the method is if it is not always used correctly with missed or late doses - e.g., missing a pill or getting the injection later than you need to

Other contraceptive options

Barrier methods: These protect from sexually transmitted infections (STIs) but can split or tear during sex meaning you're not protected from pregnancy. With typical use, male condoms are 82% and female condoms 79% effective. With perfect use, male condoms are 98% and female condoms 95% effective at stopping pregnancy.

Female sterilisation: If you have completed your family this is an operation that aims to stop you getting pregnant permanently. It can sometimes be done during an elective caesarean section. Speak to your doctor or midwife if you want more information.

Male sterilisation (vasectomy): a surgical procedure to cut or seal the tubes that carry a man's sperm to permanently prevent pregnancy.

Breastfeeding: If used perfectly this method can be up to 99% effective. However, the following criteria must be followed exactly:

- · your baby must be less than 6 months old
- · you can't have started having periods
- gaps between feeds must be less than 4 hours during the day or less than 6 hours at night
- your baby isn't having any other foods or liquids that are not breast milk

This may be difficult to achieve (especially if you are unwell) and so breastfeeding may not be the most reliable contraceptive option for many.



Where can I get more information?

- Before you're discharged: You can speak to your midwife or doctor before going home. Once home, your community midwife can also provide support and advice
- Your GP: Your local GP practice can provide contraception or refer you to other services
- Sexual health clinics: Visit Find a sexual health clinic NHS (www.nhs.uk) for clinics in your area
- NHS website:

https://www.nhs.uk/conditions/baby/support-and services/sex-and-contraception-after-birth/



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