

For more information on contraception methods:

[www.contraceptionchoices.org](http://www.contraceptionchoices.org)

[www.sexwise.fpa.org.uk](http://www.sexwise.fpa.org.uk)

For more information about NHS Grampian contraception and sexual health services:

[www.nhsgrampian.org/sexualhealth](http://www.nhsgrampian.org/sexualhealth)

0345 337 9900

[www.theinsandouts.co.uk](http://www.theinsandouts.co.uk)



## Contraception Choices: After You Have Had A Baby

Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy.

### How soon can I have sex again?

You can have sex as soon as you and your partner want to. It may take some time before you want to have sex after having your baby, or it may take no time at all. Everyone is different so do not feel pressurised or worry if you don't feel ready.

### When should I start using contraception?

Unless becoming pregnant again is not a problem, you should start using contraception immediately following birth. You can get some forms of contraception before you go home from hospital. This allows you to start contraception before your fertility returns, which may be as soon as 3 weeks after delivery. Don't wait for your periods to return or your postnatal check as you could get pregnant again before then.

**Long-acting reversible contraceptives (LARCs) are the most effective methods and include the IUD/IUS, Implant and Depo-provera®/ Sayana Press®.** We can often provide these and other contraceptive methods in hospital - speak to your midwife or doctor about this. Some forms of contraception will be offered to you while in hospital and you can also get contraception from your GP or a sexual health clinic.

*Information from Faculty of Sexual and Reproductive Health and [sexwise.fpa.org.uk](http://sexwise.fpa.org.uk)*

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For more information about NHS Grampian contraception and sexual health services: [www.nhsgrampian.org/sexualhealth](http://www.nhsgrampian.org/sexualhealth) or tel. 0345 337 9900

## Most effective methods (LARCs)

### The Coils (IUD / IUS)

There are 2 types of coil, both are devices that are inserted into the uterus and are over 99% effective. Coils can be inserted:

- During a C-section (discuss this with your doctor in antenatal clinic) **or**
- From 4 weeks after your baby is born

Both safe when breastfeeding

#### The IUD (Copper Coil)

- Contains no hormones
- Lasts up to 10 years, but can be removed earlier
- Periods may become more heavy or painful

#### The IUS (Mirena/Levosert/Kyleena)

- Contains progestogen
- Lasts up to 5 years, can be removed earlier
- Periods may be lighter or stop altogether
- Can be administered while in hospital if pre-planned.



### The Implant (Nexplanon)

- Over 99% effective
- Small rod (about the size of a matchstick) inserted under the skin of the upper arm using local anaesthetic
- Can be inserted any time after birth, may be inserted during hospital stay
- Lasts up to 3 years, but can be removed at any time
- Safe with breastfeeding
- Can cause unpredictable bleeding



### The Injection (Depo-Provera / Sayana Press)

- 97% effective
- Available as intramuscular or subcutaneous injection
- Can be used from birth, may be administered while in hospital then followed up by GP
- Lasts 13 weeks, then it must be administered again
- Safe with breastfeeding
- Bleeding can be irregular, but usually becomes lighter over time
- Can sometimes cause weight gain
- When you stop it, fertility can take up to 1 year to return to normal



## Other methods

### Female or Male Sterilisation

- Over 99% effective
- Permanent and irreversible
- Female sterilisation may be performed during C-section (discuss this with your doctor in antenatal clinic)



### Pills

#### Progestogen Only Pill (POP or Mini Pill)

- 92% effective
- Must be taken every day, within 12 hours
- Safe with breastfeeding
- Can be used from birth, GP to arrange supply prior to birth so can be started straight away
- Periods may become irregular or stop
- Missing pills, vomiting or diarrhoea make it less effective

#### Combined Contraceptive Pill (The Pill)

- 92% effective
- Should **not** be used until 3-6 weeks after birth (depending on your medical history)
- Supply to be arranged with GP



### Lactation Amenorrhoea Method (LAM)

Breastfeeding can be used as contraception, known as LAM. It is up to 98% effective, but only if you follow strict criteria:

- Fully, regularly breastfeeding (i.e. 100% without any bottle or top up feeds and at least every 4 hours during the day and 6 hours at night)
- Your baby is less than 6 months old
- You have no periods

If any of the above don't apply you should use another contraceptive method. You can also use another method as a back up to LAM.

### Barrier methods – condoms, diaphragms and caps

- 85% effective
- Condoms protect against sexually transmitted infections (STIs)
- Diaphragms/caps should not be used until 6 weeks, may need refitting

### Emergency Contraception

If you have unprotected sex from 21 days post birth you can use emergency contraception. There are two methods, the insertion of an IUD or emergency contraception in a pill form. The IUD is most effective and provides ongoing contraception.