
Contraception after giving birth

Summary

- If you do not want to become pregnant soon after having a baby, choose an effective method of contraception.
 - Your choice of contraception after giving birth will depend on whether and how often you are breastfeeding and how suitable various methods are for you.
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If you do not want to become pregnant soon after having a baby, you need to choose an effective **method of contraception**.

If you are not breastfeeding, then you can use any contraception that suits you. Talk to your doctor about the options that suit your health and lifestyle, and when you can start to use them.

If you are breastfeeding, then any contraception containing oestrogen (such as the vaginal ring and the combined pill) is not recommended unless your baby is at least six weeks old and at least half bottle fed, because it may reduce your supply of breastmilk. But you still have plenty of other contraception choices.

Before starting any contraception, make sure you're not already pregnant.

When to start using contraception after birth

Generally, women are fertile two weeks before their period. Your periods will return any time from around six weeks to three months after giving birth, depending on whether you exclusively breastfeed, formula feed or use a mix of both.

Your periods may not restart until you reduce or stop breastfeeding. However, you may still become fertile, without knowing.

If you plan to start using contraception after giving birth, it is recommended that you start it from around three weeks after the birth.

Does breastfeeding work as contraception?

Breastfeeding may work as a form of birth control by delaying the return of your periods. However, it only works if your breastfeeding is frequent and regular. In particular, breastfeeding as a contraceptive only works if:

- your baby is younger than six months old
- your periods have not returned
- you are exclusively breastfeeding your baby on demand, night and day (that is, a minimum of six long breastfeeds every 24 hours, without a gap of more than four hours between feeds).

Once your baby stops exclusive breastfeeding, this method is not effective contraception and you will need to use another form of contraception.

Contraception that is safe if you are breastfeeding

If you are breastfeeding, you may safely use:

- **the mini pill**
 - **condoms**
 - **diaphragms**
 - **a contraceptive injection** (Depo-Provera® or Depo-Ralovera®)
 - an **Implanon NXT™ implant**
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- **intrauterine devices (IUDs)**
- **permanent sterilisation (tubal ligation).**

If you need to use **emergency contraception** the types that are safe to use are:

- levonorgestrel emergency contraceptive pill (LNG-ECP) – this is one of the two types of emergency contraceptive pills (sometimes known as the ‘morning after pill’). The other type, the ulipristal acetate (UPA) pill, is not recommended.
- copper IUD – this is very effective if inserted within five days of having unprotected sex, and can also provide effective ongoing protection.

Contraception that is not recommended if you are breastfeeding

The following contraceptive methods are not recommended if you are breastfeeding:

- The combined **oestrogen/progestogen contraceptive pill** is not recommended before six weeks because it can reduce breastmilk production.
- The **vaginal ring** (NuvaRing®) is not recommended for the same reasons as the combined contraceptive pill.
- The ulipristal acetate (UPA) emergency contraceptive pill is not recommended, because it is excreted in breastmilk and the effect on an infant is unknown. If women do use it, they are advised not to breastfeed for seven days after using it.

Choosing contraception after giving birth

To make your decision about what contraception method best suits you after giving birth, ask your doctor or a nurse about:

- what methods are available
- how they work, and how well they work when used ‘perfectly’ or when used ‘typically’ (meaning not used exactly as recommended)
- what methods suit your body and lifestyle
- how soon you can start using the contraception
- how you and your partner can share the responsibility for contraception
- possible side-effects.

In particular, learn about the effectiveness of each method. No method is 100 per cent effective, but some have higher effectiveness than others.

Different types of contraception – a summary

The following methods of contraception will require a medical or clinical consultation to assess their safety and appropriateness for each woman:

- implants and devices
- permanent sterilisation
- contraception methods containing medications.

With some other methods, such as the barrier methods, you may benefit from specific education and training to maximise their effectiveness.

Mini pill

This progestogen-only pill makes the fluid at the opening to the uterus thicker, stopping sperm from getting through. It doesn’t stop ovulation. If you use it perfectly – taking it at around the same time every day – then the mini pill is 99.7 per cent effective. With typical (imperfect) use, it is less effective.

Female condom

The female condom is a soft, rubber-like pouch with a ring at the end. You insert it in your vagina to stop sperm getting to your uterus.

With perfect use (if you use it the right way every time you have sex), the female condom is 95 per cent effective. But, the condom must be in the correct position, and you must remember to insert it every time before you have sex. With typical use, the female condom is less effective.

Each female condom can be used only once, and not at the same time as your partner uses a male condom.

Male condom

The male condom is a fine rubber or synthetic sheath that your partner wears on their erect penis. It prevents sperm from entering your vagina and uterus.

Condoms are 98 per cent effective when used perfectly. With average or typical use, male condoms are less effective.

Condoms have the advantage of protecting against sexually transmissible infections (STIs).

Diaphragm

A diaphragm is a silicone cap that you wear inside your vagina and that covers your cervix (the entrance to your uterus). It stops sperm from passing into your uterus.

You can use a diaphragm at any time, including during your period. You insert the diaphragm before sex (up to 24 hours earlier) and remove it after sex. It is re-usable, so you wash it after each use.

With typical use, diaphragms are 84 per cent effective.

Contraceptive injection

Depo-Provera® (or Depo-Ralovera®) is a hormone injection that is given every 12 weeks.

You may have side-effects from the injection, such as mood changes, stomach discomfort and headaches. These effects can last for up to 12 weeks.

Depo-Provera® is 99.8 per cent effective when perfectly used.

Contraceptive skin implant (Implanon implant)

A small plastic rod is inserted under the skin on the inside of your upper arm. It slowly releases progestogen to stop your ovaries from releasing an egg each month.

Your bleeding pattern will probably change, and may even stop. Side-effects of the contraceptive skin implant may include skin changes, mood changes or minor weight gain.

The implant lasts for three years. It is 99.95 per cent effective.

Intrauterine device (IUD)

A small contraceptive device is placed in your uterus and prevents you getting pregnant (conceiving).

Copper IUDs are designed to last for up to 10 years, and are 99.4 per cent effective.

Progestogen IUDs are designed to last for up to five years, and are 99.8 per cent effective.

Natural methods of contraception

Natural methods or fertility awareness methods of contraception include rhythm, symptothermal, cervical mucus observation and basal temperature methods.

A woman needs to observe her bodily signs daily (or, depending on the method, more than once a day) to determine when she is potentially fertile during the menstrual cycle.

Practising natural methods of contraception requires women to abstain from sex or use contraception when they can get pregnant. Depending on a woman's menstrual cycle, she may need to abstain from sex for up to 16 days.

Natural methods of contraception rely on abstinence and the detection of signs and symptoms of fertility. For this reason, its use may be particularly difficult after childbirth and breastfeeding.

High failure rates are associated with typical use.

Sterilisation

Both men and women can have an operation to make them sterile (infertile).

Female sterilisation is called tubal ligation and involves blocking the fallopian tubes.

Male sterilisation is called vasectomy. It involves cutting the tubes that carry sperm from the testes to the penis.

These operations are more than 99 per cent effective. They are intended to be permanent, so they are suitable for people who are confident that they do not want any more children.

If you are considering sterilisation, arrange a medical consultation with your doctor. They will provide you with all the appropriate information and enable you to give your informed consent for this surgery.

Emergency contraceptive pill

The emergency contraceptive pill should be taken as soon as possible after unprotected sex for maximum effectiveness. Although it is sometimes called the 'morning after pill', the emergency contraceptive pill does not have to be taken in the morning.

It is not 100 per cent effective in preventing a pregnancy and is more effective the sooner it is taken.

There are two types of emergency contraceptive pill, both available at pharmacies without a prescription:

- ulipristal (UPA-EC) can be taken up to five days (120 hours) after unprotected sex (but is not recommended if you are breastfeeding)
- levonorgestrel (LNG-EC) can be taken up to three days (72 hours) after unprotected sex.

Ulipristal has been clinically demonstrated to be more effective than levonorgestrel in reducing the risk of pregnancy when taken up to five days (120 hours) after unprotected sex. It is not recommended when breastfeeding because it is excreted in breastmilk and its effects on infants are unknown.

Vaginal ring (not recommended if breastfeeding)

The vaginal ring works in the same way as the combined pill. It contains hormones that prevent your ovaries from releasing an egg each month. It is not recommended if you are breastfeeding a child under six weeks because it can reduce the supply of breastmilk.

The ring sits high in your vagina for three weeks, then you remove it for one week so you have a regular monthly bleed.

The vaginal ring is 99.7 per cent effective with perfect use.

Combined pill ('the pill') (not recommended if breastfeeding)

The pill has two hormones that stop your ovaries from releasing an egg each month. Aside from preventing pregnancy, the pill may also reduce your bleeding each month, help with acne, and lessen premenstrual symptoms.

You may have side-effects such as bloating, nausea and minor weight gain.

The combined pill is 99.7 per cent effective when used perfectly. With typical use, it is slightly less effective.

It is not recommended if you are breastfeeding a child under six weeks because it can reduce the supply of breastmilk.

Where to get help

- **1800myoptions** can provide information about contraception, pregnancy options and sexual health services
Tel. 1800 696 784
- Your **GP** or **midwife**
- At your antenatal appointments, or in hospital before you go home after the birth
- **Family Planning Victoria** – comprehensive sexual and reproductive health services for people of all ages Tel. **1800 013 952** or **(03) 9257 0100**
- **Family Planning Victoria Action Centre** – comprehensive sexual and reproductive health services for people of all ages, with an afternoon drop-in clinic for people under 25 years of age Tel. **(03) 9660 4700** or

1800 013 952

- **Melbourne Sexual Health Centre** Tel. **(03) 9341 6200** or **1800 032 017**
- Many community health services and some hospitals have 'sexual health', 'women's health', 'sexual and reproductive health' or 'family planning' clinics which offer contraceptive services
- Pharmacist

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