



Contraception After Having A Baby

Helping you choose the method of contraception that's right for you

Why is it important?

Contraception is probably the last thing you think about when you're pregnant, but it is important to think about it carefully now while you have time. Because you can get pregnant again as quickly as 3 weeks after your baby is born - even if you're breastfeeding

Research shows that it's much safer and healthier - both for you and your next baby - to leave at least one year before getting pregnant again. This allows your body time to recover from the pregnancy and birth, to give your next baby the best possible start.

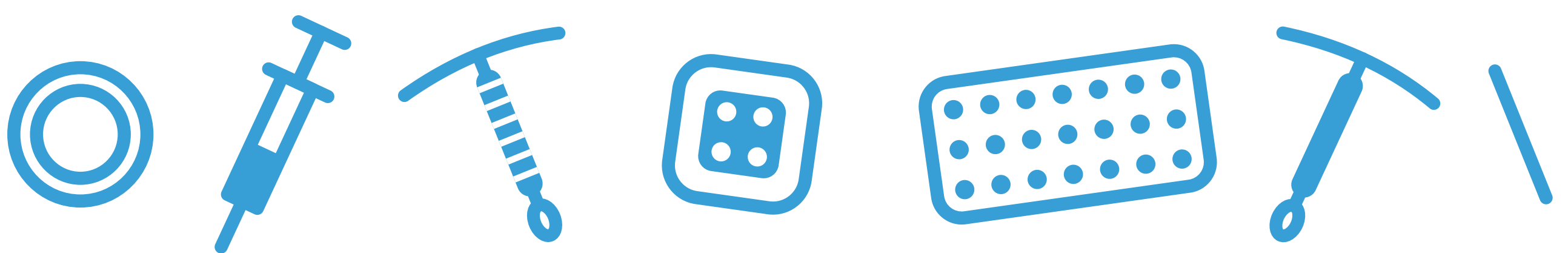
Staff in the hospital or community will make sure you can get your chosen method easily and quickly, to allow you to start it as soon as you have your baby.



Contraceptive options

There are lots of choices of contraception which you can start right after your baby is born. These include longer acting methods like the coil or implant. They are highly effective at preventing pregnancy and can be safely fitted immediately after birth, meaning fewer appointments afterwards and one less thing to think about.

Read this leaflet to get more detailed information about each method and a better idea of what might suit you. You can then discuss this further with your midwife during one of your antenatal visits.





Contraception and breastfeeding

Breastfeeding is not the most reliable method of contraception. It typically fails for 24 in 100 people.

However, you are less likely to get pregnant if:

- Your baby is less than six months old and
- Your periods have not come back and
- You are fully breastfeeding day and night with no bottle feeds at all (i.e. every 4 hours during the day and 6 hours at night)

There are several effective contraceptive methods that are safe to use while you are breastfeeding, which will be mentioned in detail in this leaflet.



Implant



The implant is a small rod, about the size of a matchstick that is inserted under the skin of your upper arm. The implant releases a hormone called progestogen that stops the ovaries from releasing eggs and thickens the cervical mucus. This helps to block sperm from getting to the egg.

Advantages

- Lasts for 3 years
- Fails for 1 in 2,000 individuals
- Quick return to fertility when removed
- May cause lighter or no bleeding
- Suitable when breast feeding

Disadvantages

- Possible irregular bleeding

How soon can I start?

It can be inserted immediately after having your baby - at home or in the maternity unit.



Hormonal Intrauterine Device (IUD) 'Hormonal coil'



The hormonal IUD is a T-shaped device that is placed inside your womb. It releases a small amount of a hormone called progestogen which keeps the lining of the womb thin and thickens the cervical mucus. This prevents the egg from implanting.

Advantages

- Lasts between 3 to 8 years (depending on the type)
- Fails for 1 in 200 individuals
- Quick return to fertility when removed
- Bleeding likely to be lighter, less frequent or stop altogether
- Suitable when breastfeeding

Disadvantages

- Small risk of infection
- Possible irregular bleeding for a few months
- Risk of expulsion (falling out). Slightly higher chance of this if IUD fitted shortly after birth
- Rarely, there can be damage to the womb lining (perforation). Lower chance of this if IUD fitted shortly after birth

How soon can I start?

The hormonal IUD can be fitted at the time of birth (within the first 48 hours) or from 4 weeks after. It can be inserted at the time of a caesarean or vaginal birth.

Copper Intrauterine Device (IUD) 'Non-hormonal coil'



The copper IUD is a T-shaped device that is placed inside your womb and prevents sperm from reaching and fertilising an egg.

Advantages

- Lasts for up to 5 or 10 years (depending on type)
- Fails for 1 in 200 individuals
- No hormones
- Will not change your usual period frequency
- Quick return to fertility when removed
- Suitable when breastfeeding

Disadvantages

- Small risk of infection
- Possible irregular bleeding for a few months
- Risk of expulsion (falling out). Slightly higher chance of this if IUD fitted shortly after birth
- Rarely, there can be damage to the womb lining (perforation). Lower chance of this if IUD fitted shortly after birth
- Your periods may become heavier and more painful

How soon can I start?

The copper IUD can be fitted at the time of birth (within the first 48 hours) or from 4 weeks after. It can be inserted at the time of a caesarean or vaginal birth.

Injection



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

Advantages

- Lasts for 3 months
- Fails for 6 in 100 individuals
- May have lighter or no bleeding
- Suitable when breastfeeding
- There is also an injection which you can give to yourself every 3 months — after some training from a healthcare professional

Disadvantages

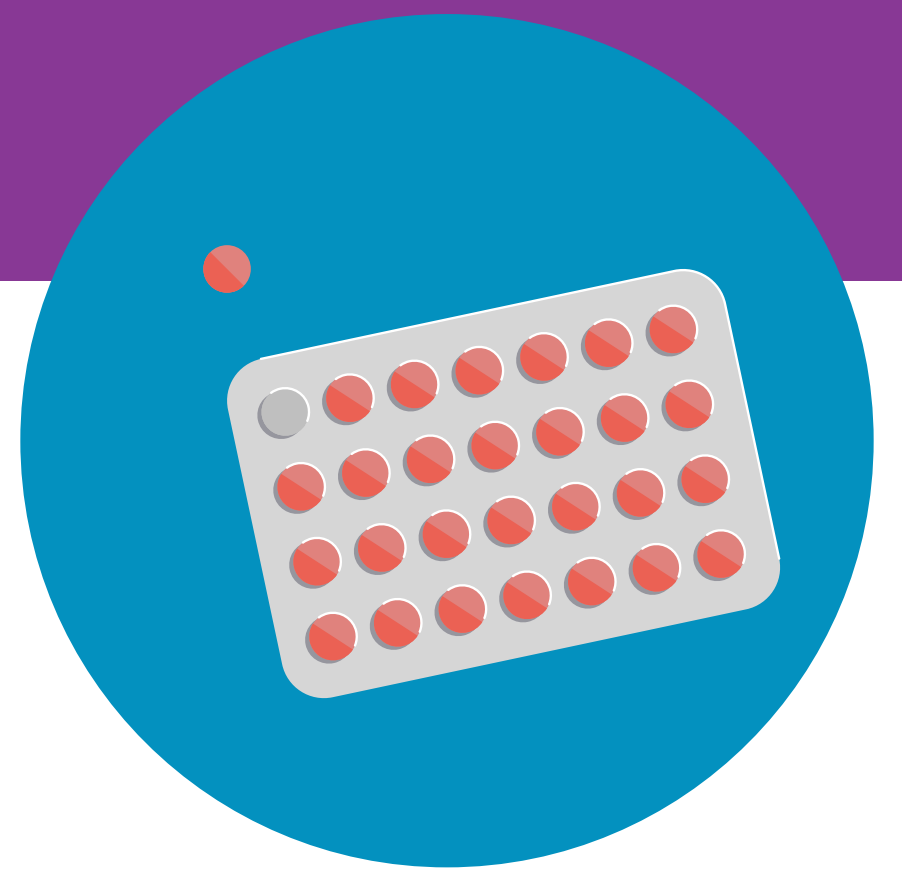
- Need to see a health professional every three months for the injection (unless you choose the injection that you can give to yourself)
- Possible irregular bleeding
- Possible delay in getting pregnant again after stopping

How soon can I start?

Immediately after having your baby - at home or in the maternity unit.



Progestogen only pill (POP)



These pills contain the hormone progestogen and are taken every day. Most work by stopping the ovaries from releasing an egg, and thicken the cervical mucus to stop sperm reaching an egg.

Advantages

- Fails for 9 in 100 individuals
- You can quickly become pregnant after stopping the pill
- Suitable when breastfeeding
- May have lighter or no bleeding

Disadvantages

- May have irregular bleeding
- Needs to be taken at the same time each day

How soon can I start?

Immediately after having your baby.



Combined hormonal contraception (CHC)



These methods include a pill, patch or vaginal ring. They contain two hormones, oestrogen & progestogen. These work by stopping your ovaries from releasing an egg.

Advantages

- Fails for 9 in 100 individuals
- Provides a regular bleed (or no bleed if taken continuously)
- You can quickly become pregnant after stopping CHC
- May help with acne

Disadvantages

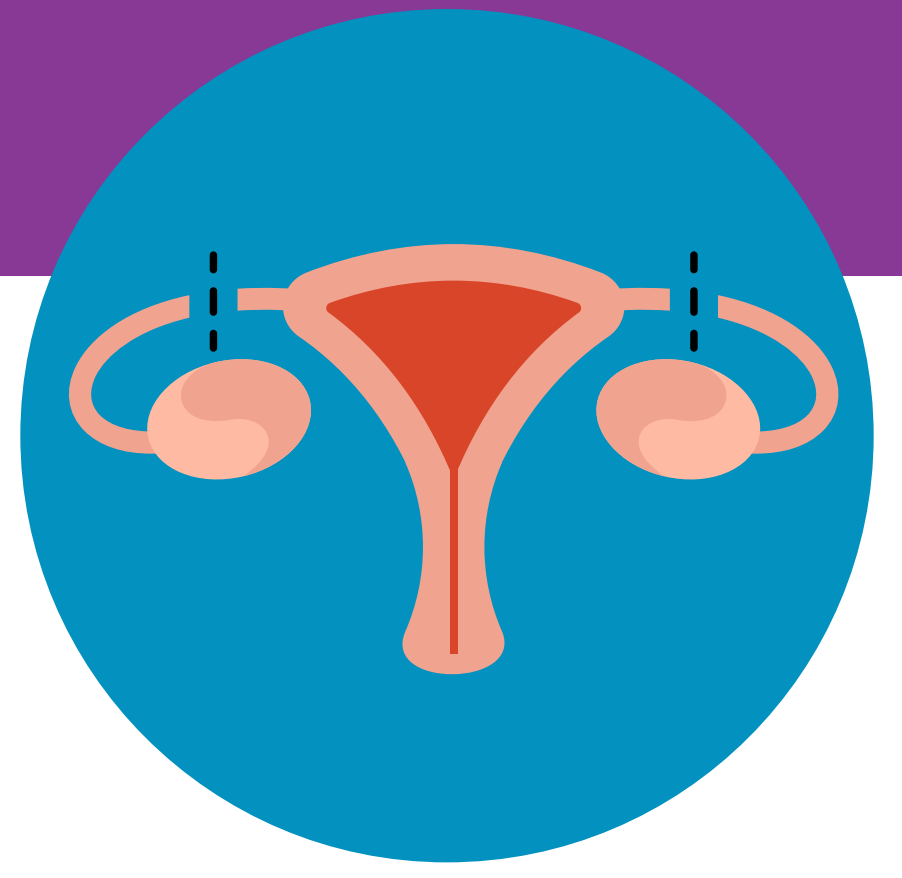
- Cannot be started immediately after having your baby
- Small increased risk of blood clots in lungs or legs
- Needs to be taken at same time each day
- Oestrogen may not be suitable for some people for health reasons

How soon can I start?

Should not be started within the first 3 to 6 weeks after having a baby due to the risk of blood clots in your lungs or legs. If you are breastfeeding, you should not start it before 6 weeks. You can use another suitable method in the meantime.



Female sterilisation



This involves an operation to block or remove the Fallopian tubes so that the egg and sperm cannot meet.

Advantages

- Permanent
- Fails for 1 in 200 individuals
- No change to your periods

Disadvantages

- Irreversible
- Possible higher failure rate if done during caesarean section
- Surgical procedure with risk of complications
- Requires a general anaesthetic

How soon can I start?

If you have a planned caesarean section, it may be possible to have this done at the same time. Otherwise you will need to be seen by a specialist after your baby is born to discuss and arrange the procedure. You can use another suitable method in the meantime. As this is a permanent method of contraception, you need to be absolutely sure you don't want any more children.



Male sterilisation - vasectomy



Male sterilisation is a more effective and a simpler procedure than female sterilisation. It is usually a quick procedure performed under local anaesthetic which blocks the tubes that transport sperm. Discussion and referral can be made by your GP.

Advantages

- Permanent
- Fails for 1 in 2,000 individuals
- Can be performed using local anaesthetic

Disadvantages

- Irreversible
- Surgical procedure with risk of complications
- Need to use reliable contraception for the first few months until the procedure has been confirmed as successful

How soon can I start?

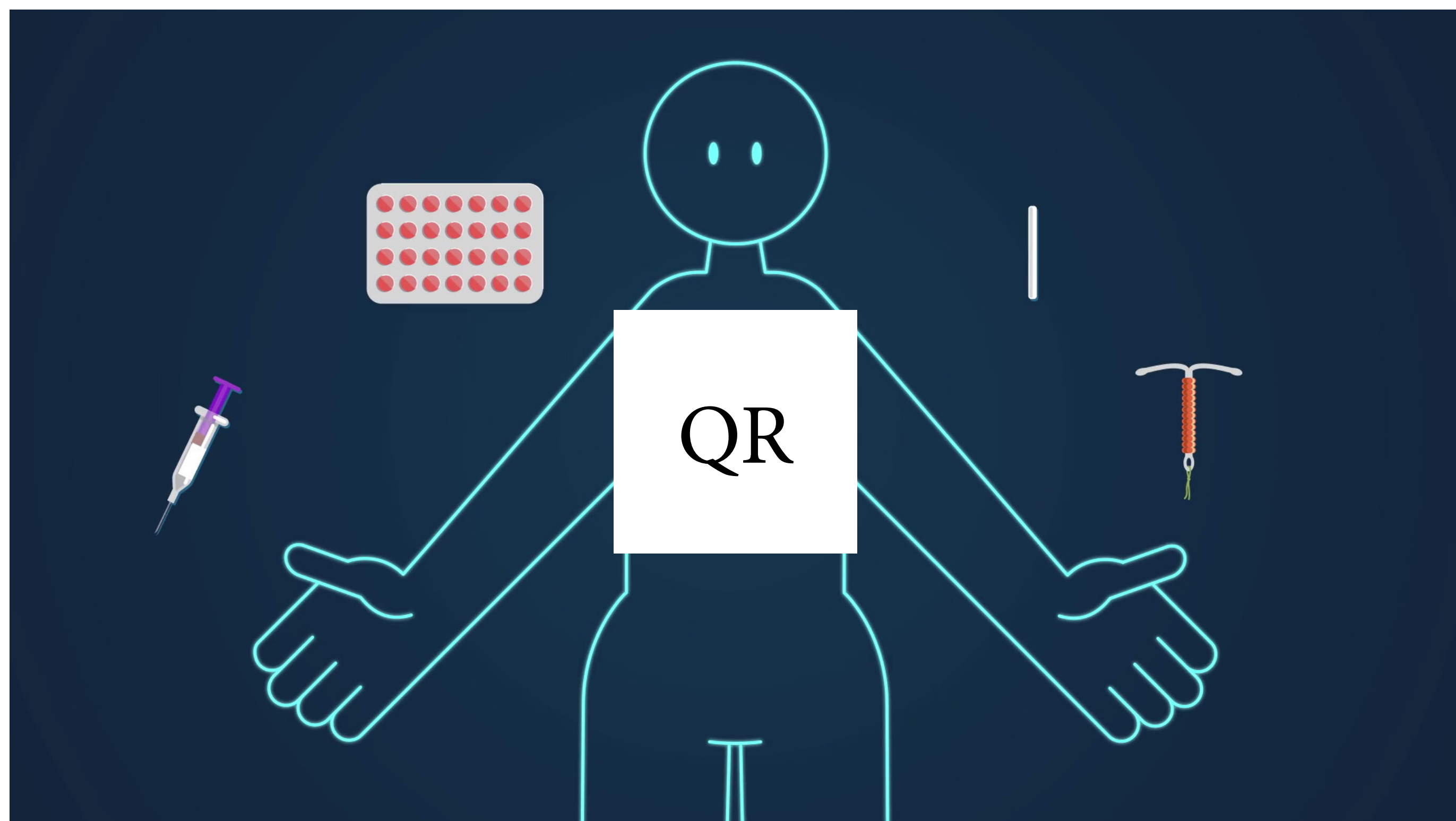
You will need to be seen by a specialist to discuss and arrange the procedure. You can use another suitable method in the meantime.

As this is a permanent method of contraception, you need to be absolutely sure you don't want any more children.



Where to learn more?

You can watch this short video for more information:



You might find these websites useful:

NHS Inform:
www.nhsinform.scot

[Choosing the right contraception for you](#)

[Sex and contraception after birth](#)

Contraception Choices:
www.contraceptionchoices.org

