
Contraception after giving birth

Summary

- If you don't use contraception every time you have sex, you could become pregnant. So, if you want to have sex but don't want to have another baby, you need to use contraception.
 - Your choice of contraception will depend on whether and how often you are breastfeeding, and how sure you want to be that you will not become pregnant.
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After having a baby, you need to choose an effective method of contraception if you don't want to have another baby straight away.

If you are breastfeeding, then any contraception containing oestrogen is not recommended unless your baby is at least six weeks old and at least half bottle fed. But you still have plenty of other contraception choices.

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.

Your choice may also reflect whether you need a temporary or permanent approach to contraception.

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

When to begin using contraception after birth

You are fertile two weeks before you have your period. And 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 do less breastfeeding or stop.

But you may still be fertile, without knowing. That means you need to start using contraception from around three weeks after your baby's birth, even if you're not ready to have sex.

If you're breastfeeding exclusively, and haven't started giving your baby solid food or formula milk, you may not need to worry about contraception for a little longer.

But fertility varies from one person to the next and so contraception is a good idea if you want to be sure of not falling pregnant.

As you decrease breastfeeding your fertility will increase and so it is important to review your contraception with your GP.

Does breastfeeding work as contraception?

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

- your baby is younger than six months old, and
- your periods have not returned, and
- 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. You may want to use another form of contraception, to be on the safe side.

Contraception that is safe when you breastfeed

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
- intrauterine devices (IUDs).

Or you may want to think about:

- natural family planning – that is, not having sex until your body returns to having periods and regular patterns of fertility
- tubal sterilisation – this surgery is safe and cost-effective when performed immediately after giving birth. But you need to have had counselling beforehand, so you don't make a decision that you later regret. That is, you need to give your informed consent for post-birth surgery before your labour begins.

Emergency contraception is another option (although if you find that you need to use this regularly, another type of contraception might be more suitable). Types that are okay to use while breastfeeding include:

- the levonorgestrel emergency contraceptive pill (LNG-ECP) – this is also known as the 'morning after' pill, and you only use it after you have sex
[**Note:** the ulipristal acetate (UPA) pill, available only with a prescription and sold as ella® or ellaOne®, is **not safe** to use while breastfeeding.]
- a 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 safe when you breastfeed

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

- the pill – in the first few weeks after birth, combined oestrogen/progestogen contraceptives have a higher risk of causing a dangerous blood clot
- a vaginal ring (NuvaRing®)
- the ulipristal acetate (UPA) emergency contraceptive pill (sold as ella® or ellaOne®).

Choosing contraception after giving birth

To make your decision, ask your doctor or a nurse about:

- what methods are available
- how they work, and how well they work
- 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.

Different contraceptives – a summary

The 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 – every day, at around the same time – then the mini pill is 99.7 per cent effective. With typical (imperfect) use, it may only be 91 per cent 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 you have sex. With typical use, the female condom is around 79 per cent effective.

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

The male condom

The male condom is a fine rubber or synthetic sheath that your partner wears on an 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 82 per cent effective.

Diaphragm

A diaphragm is a silicone cap that you wear inside the vagina. It stops sperm from passing into your uterus.

You can use a diaphragm at any time, even 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.

Diaphragms are typically 84 per cent effective, although they can be 88–94 per cent effective if used perfectly.

The 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. With typical use, Depo-Provera® is 94 per cent effective.

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. And the side-effects 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 to stop sperm from reaching an egg in your uterus. It also changes your uterine lining to make it unsuitable for fertilisation.

Copper IUDs (which last 5 to 10 years) are 99.4 per cent effective.

Progestogen IUDs (which last for 5 years) are 99.8 per cent effective.

Natural methods of contraception

If you have regular periods, and you can track your mucus output and temperature, this may help you to work out when you ovulate. If you know when you are fertile, then you know when to avoid having sex.

This is known as the rhythm or Billings method.

If done perfectly, it can be 95–99.6 per cent effective. But, it is hard to get right, and is typically 75 per cent effective.

Withdrawal

Withdrawal is when your partner takes his penis out of your vagina before he ejaculates. But this method does not work if your partner forgets to withdraw, if some sperm comes out of his penis before he withdraws, or if some sperm released at the entrance to your vagina swim inside.

The withdrawal method is 96 per cent effective when perfectly used. But you cannot be sure of this approach and, with typical use, is only 80 per cent effective.

Sterilisation

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

The woman's operation (a tubal occlusion or ligation) blocks the fallopian tubes. The male operation is called a 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 permanent, so they are only for people who know they do not want any more children.

Emergency ('morning after') pill

If you have sex without contraception, or use a condom that breaks, you can buy an emergency pill to prevent pregnancy. The pill is available from the chemist with no prescription.

The pill works best when taken as soon as possible after sex. The window of time in which you must take the pill after sex depends on which pill you are given. Some require you to take the pill within three days and with others it can be as long as five. It is important that you discuss this with the pharmacist.

If taken within 72 hours of having sex, the morning after pill is around 85 per cent effective. If taken after this time, it is less effective.

Vaginal ring (not recommended during 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. For this reason, it is not recommended if you are breastfeeding.

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. As with the pill, one in 10 women may become pregnant.

The combined pill ('the pill') (not recommended during 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 perfectly used. With typical use, it is 92 per cent effective.

Remember...

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- Your choice of contraception will depend on whether and how often you are breastfeeding, and how sure you want to be that you will not become pregnant.

Where to get more information

- Your doctor
- Your pharmacist
- **Women's Health Information Centre** (Victoria only), Tel. (03) 8345 3045 or 1800 442 007 (rural callers)
- **Family Planning Victoria** Tel. (03) 9257 0116
- **Family Planning Victoria Action Centre** (03) 9660 4700 or 1800 013 952 (rural callers) – for people under 25
- Family Planning Victoria:
 - Information on **contraception when breastfeeding** (pdf)
 - Fact sheets on **reproductive and sexual health topics**

- Better Health Channel's information about **contraception choices**

This page has been produced in consultation with and approved by:

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