Contraception after an abortion

Summary

- Whether you have a surgical or medical abortion you can become fertile again very soon after the abortion, so it’s important to start using contraception immediately if you wish to prevent any unwanted pregnancies.
- Any method of contraception assessed as suitable for you can be safely used after an abortion (unless there were certain complications).
- Discuss your contraceptive options with a doctor or nurse at the clinic where you had your abortion, or with your GP or local sexual health service.

A surgical abortion (also known as surgical termination of pregnancy) ends a pregnancy using a surgical procedure performed by a doctor.

A medical abortion (also known as medical termination of pregnancy) ends a pregnancy using specific medications that need to be prescribed by a doctor (such as a GP authorised to provide this service, or a gynaecologist).

Prior to your abortion, your healthcare professional will be able to discuss your contraception options. If your particular choice is not immediately available, suitable or effective, you may wish to start on another type of contraceptive initially. You can then switch to your preferred method later and you will have been protected in the meantime.

Your medical history and prior experience of contraception are some of the issues that your doctor will take into account when advising you on your contraception options.

How soon after an abortion can I get pregnant?

Whether you have a surgical or medical abortion you can ovulate (become fertile) again very soon after the abortion, before your period returns. Therefore, it’s important to start using contraception immediately if you wish to prevent any pregnancies.

How soon after an abortion can I have sex?

You can have sex after two weeks, or a few days after bleeding has stopped.

You may also be advised by your doctor to avoid sex, swimming, using tampons or having baths for two weeks, or a few days after bleeding has stopped.

Which contraception methods can I use after an abortion?

Discuss with your doctor which methods you can choose from. Any method assessed as suitable for you by your doctor can be safely used after an abortion.

Most methods can be started and will be effective straight away or within the next few days.

Contraception methods include short-acting, long-acting or permanent types:

- **short-acting methods** – include barrier methods (such as condoms) or methods that require taking a contraceptive pill daily
- **long-acting reversible contraception (LARC)** – these are the most effective reversible contraceptive methods, requiring no further action for several months or years, depending on the type you use. They include **implants** (such as Implanon), **injections** (such as Depo Provera), and **intrauterine devices (IUDs)**
- **permanent methods** – include female sterilisation and male vasectomy; intended to be non-reversible.

How soon will contraception work after abortion?
How soon contraception will work after an abortion depends on the type of contraception you choose, and the type of abortion you had.

**Contraception after a surgical abortion**

Contraceptive implants, contraceptive injections, IUDs and hormonal contraceptive pills are all considered effective immediately after a surgical abortion and can be provided to you at that time.

If you have the contraceptive injection or commence contraceptive pills more than five days after an abortion, you'll need to use additional contraception for one week.

An IUD can be inserted straight away after a surgical abortion. This is considered acceptable and convenient by many women, as no separate appointment is required, and is one of the most effective options.

Research has shown that there is a slightly increased risk of an IUD being expelled (moving out of the ideal position or falling out) when inserted right after an abortion. This is more likely when the abortion was for a more advanced gestation (over 12 weeks), however it is still a very low possibility.

**Contraception after a medical abortion**

You can start most hormonal contraceptive methods (pills, injections or implants) at the time of your medical abortion.

The exact timing can vary with the type of contraception. For example, you may be advised to start it when you take the first medication (mifepristone), or the last medication (misoprostol), or after it has been established that the abortion is completed. Your doctor will provide the prescription for your chosen method of contraception and advise on how to access it and when to start it.

An IUD can be inserted immediately or a few days after the completion of a medical abortion. It requires an appointment in a clinic setting and you will need to use another contraceptive method in the meantime if you do not want to risk becoming pregnant.

**Emergency contraception**

If you have had sex without contraception following an abortion, or think the contraception might have failed, there are three different types of emergency contraceptives you can use to avoid a pregnancy:

- copper IUD
- ulipristal emergency contraceptive pill
- levonorgestrel emergency contraceptive pill.

**Copper IUD**

The copper IUD is the most effective method of emergency contraception. It can be inserted within five days of unprotected intercourse or, if the date of ovulation can be estimated, up to five days after ovulation, in women for whom they are suitable.

Another advantage of copper IUDs is that they can provide effective contraception for at least five years.

**Emergency contraceptive pill**

The emergency contraceptive pill should be taken as soon as possible after unprotected sex for maximum effectiveness. It is not 100 per cent effective in preventing a pregnancy.

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
- 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.

**Which contraception is right for me?**

You can discuss your options with a nurse or doctor at the service providing you with an abortion, or with your GP.
or local contraception and sexual health service.

**Where to get help**
- The abortion clinic you attended
- Your GP
- Pharmacy
- Your local sexual health clinic
- **Melbourne Sexual Health Centre** Tel. (03) 9341 6200 or 1800 032 017 or TTY for the hearing impaired (03) 9347 8619
- **Family Planning Victoria** Tel. (03) 9257 0100 or 1800 013 952
- **Action Centre** (for young people 25 years and under) Tel. (03) 9660 4700 or 1800 013 952

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Royal Women's Hospital

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