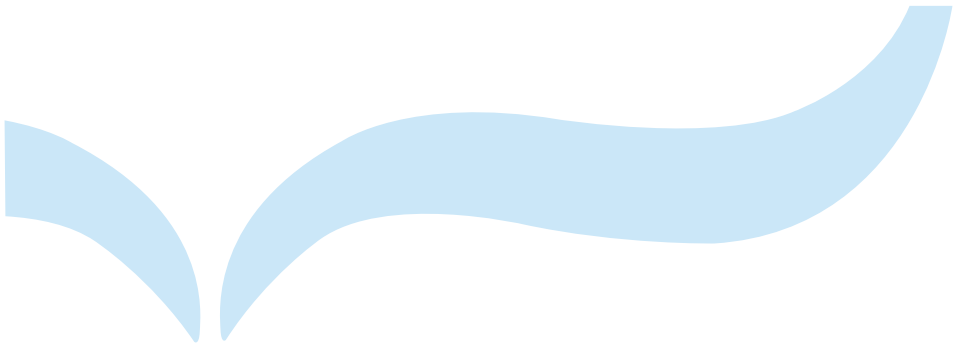


Starting Contraception After Having A Baby

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



Why is it important?

The need for contraception returns again 'super' quickly - as soon as 3 weeks after your baby is born, so ideally starting sooner is best.

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.

"I wish this had been discussed and an option in my last pregnancy. I fell pregnant again when my youngest was just five months old. I knew I needed to book an appointment for my implant, but trying to find time around life and childcare was impossible with 2 kids under 3."

Natasha, 27 from Clydebank, Glasgow.

Contraceptive options

There are many very effective and safe methods of contraception that are ideal for people who have just had a baby. We will discuss these methods first.

- Implant
- Hormonal intrauterine system (IUS) - 'hormonal coil'
- Copper intrauterine device (IUD) - 'non-hormonal coil'
- Injection

We know that women who use intrauterine methods (hormonal and non-hormonal coils) and implants are four times less likely to have an unplanned pregnancy than women who use other methods. But, if you are certain that you never want any more children then you may want to consider sterilisation. Usually the best option is male sterilisation (vasectomy). There are a whole range of other contraceptive methods that women often choose. These are effective too but need to be used correctly to prevent pregnancy.

- Progestogen-only (1 hormone) pill
- Combined hormonal contraception (2 hormones)
 - Pill
 - Patch
 - Ring
- Condoms-these can also prevent the spread of sexually transmitted infection. These can fail as contraception for 18 in 100 women.

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

Contraception and breastfeeding

There are a number of contraceptive options available when you are breastfeeding. These should not affect your baby or your breast milk (they are mentioned in detail in this leaflet). Breastfeeding is not the most reliable method of contraception (it typically fails for 24 in 100 women). 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. as often as every 4 hours during the day and 6 hourly at night).

If you have problems with breastfeeding or milk supply you should contact the infant feeding centre in the hospital for advice. (see information section on last page for details).

Implant

The implant is a tiny rod, about the size of a bendy matchstick that is inserted under the skin of your upper arm. The implant releases a hormone called progesterone that prevents your ovaries from releasing eggs and thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.



Advantages

- It can be inserted as soon as you have your baby, before leaving the hospital
- Lasts for three years
- Fails for 5 in 10,000 women
- Quick return to fertility when removed
- May have lighter periods
- Suitable for breast feeding women
- Fit it and forget it

Disadvantages

- Possible irregular periods (or no periods)

When can I start using this after I have my baby?

Immediately after having your baby. It can be inserted in the hospital before going home.

Hormonal intrauterine system (IUS)

The hormonal IUS is a little T shaped device that is placed in your uterus (womb).

It prevents pregnancy by keeping the lining of the womb thin, and often women have lighter or no periods.



Advantages

- Lasts for up to five years
- Fails for 2 in 1000 women
- We may be able to insert this as soon as your baby is born (in the labour ward) or during a caesarean section.
- Fit it and forget it
- Can be removed easily
- Very low dose of safe hormone
- Quick return to fertility when removed
- Periods/bleeding will probably be lighter (or bleeding might stop altogether)
- Suitable for breastfeeding women
- Lower risk that the coil may perforate your womb (put a hole in it) if it is fitted at the time of your delivery, than if it is fitted at a later time especially if you are breastfeeding.

Disadvantages

- When inserted at time of delivery there is a slightly higher chance of expulsion (falling out) from the womb when compared to coils inserted in women who have not recently been pregnant.
- Small risk of infection.
- Possible irregular bleeding which may take a few months to settle.

When can I start using this after I have my baby?

The hormonal IUS can be fitted either in the first 48 hours after delivery or four weeks later. This will be discussed by your midwife or doctor antenatally and can be planned for the time of your delivery. It can also be inserted at the time of a caesarean section. If you have a vaginal birth you may be able to have a hormonal IUS inserted. Follow up is needed 4-6 weeks after the procedure to check the IUS is correctly placed. Ideally, this will take place at a sexual health clinic near to your home.

Copper intrauterine device (IUD) - 'non-hormonal coil'



The copper IUD is a little T shaped device that is placed in your uterus (womb) and alters the way sperm move.

This prevents them from fertilising an egg. This type of IUD has a small amount of natural, safe copper. It's 100% hormone free and keeps periods regular.

Advantages

- Lasts for up to 5 or 10 years (depending on type of copper IUD)
- Fails for 8 in 1,000 women
- We may be able to insert this as soon as your baby is born (in the labour ward) or during a caesarean section.
- Can be removed easily
- No hormones
- Fit it and forget it
- Can be removed easily
- Will not change your normal period
- Quick return to fertility when removed
- Suitable for breastfeeding women
- Lower risk that the coil may perforate your womb (put a hole in it) if it is fitted at the time of your delivery, than if it is fitted at a later time especially if you are breastfeeding.

Disadvantages

- When inserted at time of delivery there is a slightly higher chance of expulsion (falling out) from the womb when compared to coils inserted in women who have not recently been pregnant.
- Small risk of infection.
- Your periods may become a heavier and more painful.

When can I start using this after I have my baby?

The copper IUD can be fitted either in the first 48 hours after delivery or four weeks later. This will be discussed by your midwife or doctor antenatally and can be planned for the time of your delivery. It can be inserted at the time of a caesarean section. If you have a vaginal birth you may be able to have a copper IUD inserted. Follow up is needed 4-6 weeks after the procedure to check the IUD is correctly placed. Ideally, this will take place at a sexual health clinic near to your home.

Injection

The jag is just what it sounds like, an injection that stops you from getting pregnant. The jag contains progesterone, 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 in the first place.



Advantages

- It can be given as soon as you have had your baby- in the postnatal ward
- Lasts for 3 months
- Fails for 6 in 100 women
- May have lighter or no periods
- Suitable for breastfeeding women

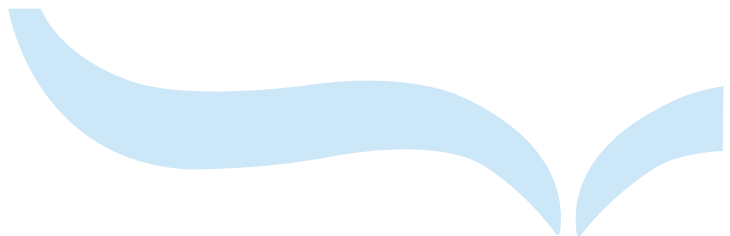
There is also a new injection which you can give to yourself every 3 months after some training from a midwife, nurse or doctor.

Disadvantages

- Must see a health professional every three months for the injection (unless you choose the injection that you can give to yourself)
- Possible delay in return to fertility when you stop using the injection
- Possible irregular periods

When can I start using this after I have my baby?

Immediately after having your baby. It can be given in the hospital before going home.



Progestogen only pill (POP)

These pills contain only one hormone, progestogen. The pills are taken every day. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg, and the newer POP that stop the ovaries from releasing an egg.



Advantages

- It can be started as soon as you have had your baby- they are available from the postnatal ward
- Fails for 9 in 100 women
- Reversible after stopping
- Suitable for breastfeeding women
- Safe for women who cannot have oestrogen
- May have no bleeding

Disadvantages

- May have irregular bleeding
- Must remember to take at the same time each day
- Might not work if you have diarrhoea or vomiting

When can I start using these after I have my baby?

Immediately if you want to. Your midwife can give you a supply of pills before leaving hospital.

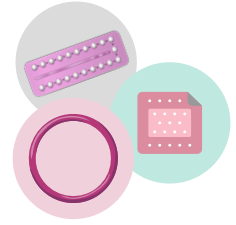
Combined hormonal contraception (CHC)

These methods contain two hormones, oestrogen and progestogen. CHC methods prevent your ovaries from releasing an egg.

Usually this is a pill that you take at the same time every day.

There are lots of different kinds of pills on the market.

There are also patches or vaginal rings which work just like the pill.



Advantages for these methods

- Fails for 9 in 100 women
- Shorter, lighter and less painful periods
- Reversible after stopping
- May help with acne
- Suitable for breast feeding women

Disadvantages

- Some women who use this method may develop high blood pressure or blood clots in your legs or lungs. This is a very small risk. Due to this, if you have certain pre-existing health issues you may not be able to use CHC
- Must use the method correctly
- Might not work if you have diarrhoea or vomiting

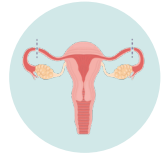
When can I start using these after I have my baby?

If you are breast feeding you cannot use a combined hormonal method until 6 weeks after you have had your baby.

If you are NOT breast feeding then you may be able to start combined hormonal contraception at three weeks after you have your baby, but some women may need to wait until 6 weeks after delivery due to health reasons. You can use another method in the meantime.

Female sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. If you are thinking about having female sterilisation you should speak to your midwife or doctor as soon as possible, so they can advise you about what your options are. Remember that the intrauterine methods (hormonal IUS and copper IUD) and implant mentioned in this leaflet are more effective than female sterilisation.



Advantages

- Permanent
- Fails for 1 in 200 women
- No change in periods

Disadvantages

- Higher failure rate if done during caesarean section
- Irreversible
- Must be certain you never want another pregnancy
- Surgical procedure
- Might require general anaesthetic

When can I start using this after I have my baby?

As this is a permanent method of contraception, you need to be absolutely sure you don't want any more children. If you have a planned caesarean section it may be possible to have this done at the same time.

Male sterilisation - vasectomy



This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick procedure done under local anaesthetic. It can be done in a community clinic.

For local services, please check the last page of the leaflet.

Male sterilisation is more effective than female sterilisation and a much simpler procedure. Remember that the intrauterine methods (hormonal IUS and copper IUD) and implant mentioned in this leaflet are very effective, reversible methods.

Advantages

- Permanent
- Fails for 1 in 2,000
- Done using local anaesthetic

Disadvantages

- Irreversible
- Surgical procedure
- Risk of complications
- Need to use reliable contraception until the procedure has been confirmed a success. This will be done at 12 weeks following the procedure

When can I start using this after I have my baby?

As this is a permanent method of contraception, you need to be absolutely sure you don't want any more children. You can either ask your GP for a referral or self-refer, if this is an option in your local service. See page 15 for local information.

Emergency contraception

If you have unprotected sex in the first 3 weeks after having your baby you will not need emergency contraception. If you have any sex after the first 21 days without using reliable contraception then you could get pregnant.

There are two main types of emergency contraception- the copper IUD (coil) and hormone pills.

Copper intrauterine device (IUD) - 'non-hormonal coil'

This is the most effective method of emergency contraception (99% effective) and is 10 times more effective than the emergency pills.

You can have an emergency IUD fitted up to 5 days after unprotected sex (and sometimes even longer). It is usually easy to insert and is suitable for women of any age. For emergency contraception it needs to stay inside your womb at least until your next period but you might decide to keep it as your main method of contraception (which can last between 5 and 10 years).

It is suitable for breastfeeding women.

Progestogen pill (e.g. Levonelle™)

This is also known as the 'morning after' pill because it is most effective if it is taken within 24 hours of unprotected sex. It works by delaying the release of an egg (if this has not happened already). It can be taken up to 3 days after unprotected sex but will get less effective the longer you wait to take it.

It is suitable for breastfeeding women and will not affect the baby or breast milk supply.

You can get this pill free of charge from pharmacies in Scotland if you are registered with a GP, or from your local sexual health clinic.

Ulipristal acetate (e.g EllaOne™)

This pill can be taken up to 5 days after unprotected sex. It works by delaying the release of an egg (if this has not happened already).

It is more effective than progestogen emergency contraception.

You can get EllaOne™ free of charge from pharmacies in Scotland if you are registered with a GP, or from your local sexual health clinic.

Hormonal methods of contraception make EllaOne™ less effective, so you should not use any hormonal methods of contraception for 5 days after taking EllaOne™.

Breastfeeding women are advised to discard breast milk for 7 days after taking EllaOne™.

NHS Greater Glasgow & Clyde Service

GP practices can provide contraception. It is worth asking at your practice to find out what is available.

Sandyford Sexual Health Service

Offers a full sexual health service including:

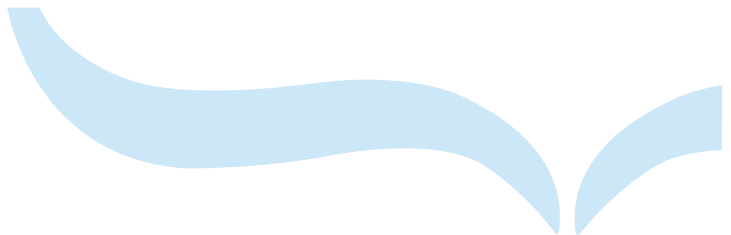
- Contraception information and provision
- Intrauterine contraception 'coil' insertion and removal
- Implant insertion and removal
- Vasectomy
- Abortion services

For appointments, information and advice call **0141 211 8130**.

Lines are open Monday to Friday 8.30-4.15pm except public holidays or visit <https://www.sandyford.scot>

Please see our website for more information:

- Contraception after a baby
www.sandyford.scot/sexual-health-services/contraception/after-having-a-baby/



Vasectomy Service

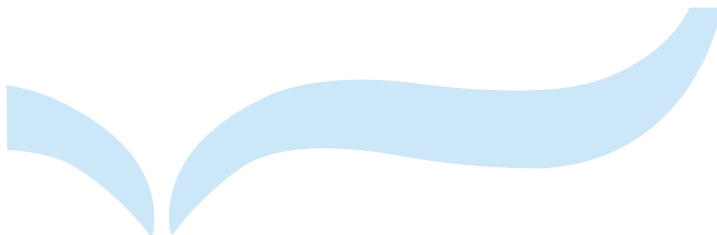
Based at Sandyford Sexual Health Service.

Appointments can be made by:

- Self-refer for vasectomy pre-op appointment
(0141 211 8654)

Infant Feeding Team

Please speak to your midwife or health visitor for local breast-feeding support.



If you would like this document in large print, Braille or audio format, please contact Sandyford on:

If you would like this document in another language, please contact:

如果您需要该信息的其它语言版本，请联系：

اگر این اطلاعات را به زبانی دیگر میخواهید لطفاً با این آدرس تماس بگیرید:

إذا رغبت في الحصول على هذه المعلومات بلغة أخرى، الرجاء الاتصال بـ:

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اگر آپ یہ معلومات کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ مہربانی رابطہ کریں:

Eğer bu bilgiyi bir başka dilde istiyorsanız lütfen bağlantı kurunuz:

Jeśli chcesz uzyskać te informacje w innym języku skontaktuj się z:



0141 211 8130