

Women and Children's Services

Contraception choices after pregnancy

Introduction

Whilst you are pregnant, there are many things to consider and prepare for your delivery. One thing you may not have considered is contraception. Whilst you are pregnant it is important to make plans and think about your contraception choices ready for after your baby is born.

Why is it important?

Your periods may start again as soon as 6 weeks after childbirth.

It is difficult to predict exactly when your periods will restart. Given that ovulation happens before your period, it is possible to become pregnant before periods return. Research has shown that many women start having sex again as soon as 6 weeks after childbirth, and can therefore become pregnant again very soon after childbirth. This shows the importance of having a plan for contraception after childbirth.

Another pregnancy shortly after childbirth has higher risks. These risks include: having your baby early (premature); small birthweights, and childhood death. This has led the World Health Organisation to recommend a safe "interpregnancy interval" (the time between the birth of your last child to becoming pregnant again) of at least 2 years. This time also allows a woman's body to recover, which is especially important if you have a caesarean section or will breastfeed.

There are a variety of contraception options that may be suitable for you. These include condoms, contraceptive pills, contraceptive patches, implants, injections, intrauterine devices, and sterilisation. These can be provided by your GP, family planning services or here at UHCW.

All forms of contraceptive are safe to use if you are breastfeeding.



What about breastfeeding for contraception?

Breastfeeding (lactational amenorrhea method) can be an effective form of contraception after childbirth if done consistently. If this method alone is it has a failure rate of only 2% (2 in every 100 people become pregnant).

For breastfeeding to be a successful contraceptive:

- It must be less than 6 months since you gave birth
- You are not having any periods
- You are breastfeeding at least 85% of the time (day and night time feeds).

It is important to bear in mind there are circumstances when this may be difficult to achieve (e.g. if you are feeling unwell). Government data shows that in 2017/2018 only 29.6% of mothers were exclusively breastfeeding after 8 weeks. This suggests that breastfeeding may not be the best contraceptive option for many.

Is contraception safe for me?

Each contraceptive method has its own advantages and disadvantages. If you have certain medical conditions, some contraceptives may be better for you than others. You may also develop certain conditions during your pregnancy or labour which may affect your choice. Your doctor and midwife should be able to help advise and support you in your decision.

Apart from the combined oral contraceptive pill (COCP) all forms of contraception can be safely started within 48 hours of childbirth. If you wish to use the combined oral contraceptive pill, this can only be started 3 weeks after childbirth if you are not breastfeeding, and 6 weeks after childbirth if you are breastfeeding.

What are LARC contraceptive methods?

Long acting reversible contraceptives (LARCs) are a group of highly effective contraceptives, with failure rates of less than 1%. These are used once but the contraceptive effect can last for between 3 months – 10 years. You do not need to remember to take them. If you wish to become pregnant again, they are easy to remove or reverse. LARC methods include:

- Contraceptive implant
- Intrauterine coils (hormonal or non-hormonal)
- Contraceptive injections

What can UHCW offer me?

UHCW is now able to offer several LARC contraceptive methods after childbirth. These contraceptives can start straight after childbirth while you are on the labour or postnatal ward. We hope that many women will find this more convenient than having to make a separate appointment with community services.

Please note: If the mirena or copper coil is not inserted within the first 48 hours after childbirth, it is recommended to wait 4 weeks before insertion. This is to allow to womb time to shrink and return to its normal size.

	Intrauterine system (IUS) [Mirena]	Copper intrauterine device	Depoprovera injection
How do they work?	Releases a hormone to thin the womb lining and thicken the cervical mucus blocking sperm	It stops sperm reaching an egg, and can prevent fertilised eggs from reaching the womb lining	Releases a hormone to thin the womb lining and thicken the cervical mucus blocking sperm
How long can it last for?	Up to 5 years contraception*	Up to 5 years contraception**	Up to 3 months contraception***
How effective are they?	99% effective with typical use	99% effective with typical use	94% effective with typical use 99% with perfect use.
What are the possible side effects?	Mood swings, reduced libido (sex drive), fluid retention, acne, breast tenderness or enlargement (temporary). (See below) Small risk of infection after insertion, expulsion (falling out), perforation, ectopic pregnancy	(See below) Small risk of infection after insertion, expulsion, perforation, ectopic pregnancy	Mood swings, headache, breast tenderness, reduced libido (sex drive), dizziness, tiredness, feeling sick (nausea), tummy pain or discomfort, feeling bloated, vaginal inflammation, changes in appetite, weight gain, back pain, hot flushes, acne and other skin problems, injection site irritation

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<p>Are there any advantages?</p>	<p>When removed, your regular periods and potential for pregnancy will return quickly.</p> <p>May reduce heavy, painful periods for some.</p> <p>May stop periods for some</p>	<p>When removed, your regular periods and potential for pregnancy will return quickly.</p> <p>Suitable for those who do not like / cannot use hormonal contraceptives</p>	<p>May reduce heavy, painful periods for some.</p> <p>May stop periods for some</p>
<p>Are there any disadvantages?</p>	<p>Irregular bleeding or spotting may be common for the first 6 months.</p>	<p>Some women may notice their periods becoming heavier or more painful</p>	<p>Periods may become irregular or last longer</p> <p>Some may gain weight</p> <p>Can take up to 12 months for fertility to return after stopping</p> <p>Long term use associated with minor bone thinning (returns after stopping)</p>

* There are different brands of intrauterine system. Some provide up to 3 years of contraception. The brand offered by UHCW provides up to 5 years contraception

** There are different brands of copper intrauterine devices. Some provide up to 10 years of contraception. The brand offered by UHCW provides up to 5 years contraception

***There are different brands of depoprovera injections. While most provide 12 weeks contraception, some last only for 8 weeks. The brand offered by UHCW lasts for 12 weeks

Some of the above side effects are rare, and many women may have mild or sometimes no side effects. If you have concerns about these, please discuss them with your doctor.

It is important to note while the above forms of contraception should prevent you from becoming pregnant, they will not prevent you from getting sexually transmitted infections (e.g. chlamydia, HIV). The only way to prevent these is by using barrier contraceptives such as condoms.

Considerations for intrauterine contraceptives

Whilst mirena and copper intrauterine coils are some of the most effective forms of contraception, there are a few things you should consider, as described below.

Ectopic pregnancy: Both the intrauterine device and intrauterine system are highly effective at stopping you from becoming pregnant. If you do become pregnant whilst using an intrauterine coil or intrauterine device, it is important you contact the emergency gynaecology unit as soon as you find out.

When using a coil, there is increased risk that the pregnancy may form outside your womb in a different location. This is called an ectopic pregnancy. The emergency gynaecology unit can arrange an urgent ultrasound scan to look for this.

Can the coil come out?

Following insertion of a mirena or copper coil, it is possible that the coils may fall out. This is called expulsion, and can happen if inserted immediately after childbirth. It is slightly more common if inserted through the vagina than if inserted during caesarean. If this happens please contact your GP or family planning services to have another one inserted.

What is uterine perforation?

During insertion of the intrauterine device or intrauterine system it is possible for the coil to cause a hole in your womb. This is called perforation. The chances of this occurring are 1 in 1000. Perforation may be painless and may not be detected straight away.

Signs and symptoms include:

- Severe pelvic pain after insertion (worse than period cramps);
- Pain or increased bleeding after insertion which continues for more than a few weeks;
- Sudden changes in periods;
- Pain during sex
- Unable to feel the threads.

If you develop any of these signs, please inform your GP or the emergency gynaecology unit at UHCW.

How do I check the coil threads?

After insertion, you will be given a leaflet explaining how to check your coil threads. Following insertion, we will ask your GP to review you in 6 weeks, when they can check your coil threads. If you feel your threads are too long, your GP or family planning services will also be able to shorten them.

How does the UHCW postnatal contraception service work?

During your pregnancy think about which form of contraception would best suit you and your lifestyle. Your midwife and doctor should be able to help you in making your decision. If you choose one of the above methods, this will be confirmed with you in the delivery suite before your delivery. Your doctor will review your medical history, pregnancy details and labour details to confirm your choice is safe.

If you chose to have the depoprovera injection for contraception, this will be given to you after delivery in the labour ward or on the postnatal ward.

If you chose the mirena or copper intrauterine coils, these can be inserted vaginally after childbirth. They can be inserted as soon as you have delivered the placenta (afterbirth), or within the first 48 hours of childbirth. If you have a caesarean section, they can be inserted at the time of the caesarean section after the placenta has been delivered, or vaginally in the first 48 hours.

If you have chosen the mirena or copper coil, it is possible we may not be able to insert it for you. This may be due to factors related to your labour (e.g. infection) or due to workload on the labour ward. If this is the case we can offer you an alternative contraceptive (depoprovera injection).

If we could not insert a copper or mirena coil for you within the first 48 hours, and you wish to have it inserted later, it is important you wait at least 4 weeks before insertion.

What about female sterilisation?

Female sterilisation is an operation to permanently prevent pregnancy. The fallopian tubes are blocked or sealed to prevent the eggs reaching the sperm and becoming fertilised.

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If you are having a planned caesarean section it may be possible for a sterilisation procedure to be performed at the time of your caesarean. If you are thinking about this, speak to your doctor about sterilisation at your antenatal clinic appointment.

What if I want a contraceptive not offered by UHCW?

If you want an alternative form of contraception please see your GP or local family planning services.

Please let us know if you feel that other forms of contraceptives should be offered at UHCW after childbirth.

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact 02476 966 577 and we will do our best to meet your needs.

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Document History	
Department:	Obstetrics
Contact:	27387
Updated:	May 2021
Review:	May 2023
Version:	1
Reference:	HIC/LFT2509/21