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Contraception after Having a Baby

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Contraception should be discussed soon after giving birth. Until your baby is 21 days old you cannot become pregnant. After that you will need contraception. There are many choices available for women. If you feel your family might be complete, long-acting methods or sterilisation should be discussed. If you want to have more children, choose an option that is easily stopped so your body can return to normal.

When will I be fertile again?

The time for fertility to return is very variable between women. It is important not to take any risks, if you do not want to become pregnant again. Therefore, you should decide on the type of contraception you are going to use as soon as possible after having a baby. You will need contraception from 21 days after your baby is born.

Your periods usually return about four to ten weeks after your baby's birth if you are bottle-feeding, or combining breast and bottle. If you are breastfeeding then your periods may not start until much later. For some women this might be after you have stopped breastfeeding.

How soon can I have sex again?

You can have sex as soon as you and your partner feel ready to. Some people find it takes a while to feel ready, both physically and emotionally. If you have had stitches, these are usually dissolvable so will not need removing. If you are having any discomfort from these then you should see your doctor or midwife. Some women find they need to use some vaginal lubricant if they feel more dry than normal.

Where can I get contraception from?

If you had your baby in hospital, you might have discussed contraception with your midwife before you were discharged home. You will also be asked about contraception at your six-week (or eight-week) postnatal check. You can discuss it at any time with your health visitor, midwife, GP or local family planning clinic.

Is breastfeeding an effective contraceptive?

When you breastfeed, a hormone called prolactin is produced by your body, which stimulates the production of your milk. Prolactin also blocks the release of the hormones which make you produce an egg. This means that you are less likely to become pregnant whilst you are breastfeeding.

You can use [breastfeeding \(the lactation amenorrhoea method\)](#) for contraception if you are:

- Fully breastfeeding, meaning:
 - Your baby is not having any solids or any other liquid; **or**
 - You are nearly fully breastfeeding - you are mainly breastfeeding and only giving your baby other liquids very infrequently.
 - You are feeding at least every four hours during the day and at least every six hours at night;
- AND not having periods.
- AND six months or less since having your baby.

Less than 2 women in every 100 using this will become pregnant within those six months. This method is less reliable once you start dropping feeds, particularly night feeds. When you stop fully (or nearly fully) breastfeeding, you can become pregnant. Many women decide to use some contraception in addition to breastfeeding, to reduce their risk of an unplanned pregnancy. There are methods available that will not affect your ability to produce milk.

How effective is contraception?

All the methods of contraception listed below are effective, but none is 100% reliable. Reliability of each method is written in terms of how many failures there are for each 1,000 women using it. For example, between 2 and 60 women in 1,000 women using the contraceptive injection for a year will become pregnant. When no contraception is used, more than 800 in 1,000 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. You have to use them properly or they are less effective. For example, 3 women in 1,000 using the 'pill' perfectly for a year will become pregnant. Nearer to 90 women in 1,000 using the pill normally or typically (ie **not** perfect usage) will become pregnant. Examples of 'not perfect use' might be missing a pill or being sick (vomiting). In these situations it becomes less effective. Other 'user-dependent' methods include barrier methods, the progestogen-only pill (POP) and natural family planning.

Some methods are not so 'user-dependent' and need to be renewed only infrequently or never. These methods include the contraceptive injection, contraceptive implant, intrauterine contraceptive devices (IUCDs), and sterilisation.

What are the different methods of contraception?

When you choose a method of contraception you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- Whether or not you are breastfeeding.
- If you have a medical condition, or take medicines that interact with the method.

The types of contraceptives can be divided into short-acting, long-acting and permanent. If you are planning on having another baby in the next year or so then you should consider a short-acting contraceptive.

See the separate leaflets on each method for more details.

Short-acting contraceptives

Combined oral contraceptive (COC) pill

The COC is often just called 'the pill'. It can be started from 21 days after the birth if you are not breastfeeding. Previous guidance stated that you should not use combined hormonal contraceptive (CHC) methods until your baby is 6 months old, if you are breastfeeding. This was because it was thought to affect your milk supply. Research has shown this is not the case. Generally, if you wish to use CHC methods such as the pill, patch or vaginal ring, the benefits to you will outweigh the risks.

Progestogen-only pill (POP)

The POP used to be called the 'mini-pill'. It is commonly taken if CHC methods are not suitable, such as in breastfeeding women, smokers over the age of 35 and some women with migraine.

The POP can be started from 21 days after the birth. It is safe for women who are breastfeeding. Studies have shown that a very small amount of the hormone can be present in breast milk but that it does the baby no harm.

Contraceptive patch

This contains the same hormones as the COC, but in patch form. It is as effective as the COC pill at preventing pregnancy. It can be started from 21 days after the birth if you are bottle-feeding. It may be used after six weeks when you are breastfeeding, as the benefits generally outweigh the risks.

The contraceptive vaginal ring

The contraceptive vaginal ring is a flexible plastic ring which you put into your vagina. It contains similar hormones to those in the COC pill. It can be used from 21 days after your baby is born if you are bottle-feeding. You may be able to use this method after six weeks if you are breastfeeding, as the benefits generally outweigh the risks.

Barrier methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the womb (uterus). You can use male and female condoms as soon as you feel ready to have sex.

Natural methods

Natural family planning involves fertility awareness. There is a great variation in how effective it is because it depends on the user doing it right.

The lactation amenorrhoea method is suitable for the first six months after having a baby, if you are only breastfeeding and do not have a period. 2 women in 100 will conceive during those six months using this method.

Long-acting contraceptives

These are more suitable for women who do not want to get pregnant again or for a few years.

Contraceptive injection

The **contraceptive injection** contains a progestogen hormone which slowly releases into the body. It is very effective. It is usually recommended that you wait until six weeks after the birth to start the contraceptive injection because you may get heavy and irregular bleeding. However, it is possible to start it earlier if there are no other alternatives for you.

Contraceptive implant

The **contraceptive implant** is a small device placed under the skin. Each implant lasts three years. The implant can be put in from 21 days after the birth of your baby.

Intrauterine contraceptive device (IUCD)

The **IUCD** is a small device made of plastic and copper which is put into the womb. It lasts 5-10 years, depending on the type. An IUCD can be fitted from four weeks after giving birth.

Intrauterine system (IUS)

The **IUS** is a plastic device that contains a progestogen hormone. It is put into the womb, and lasts for five years. An IUS can be fitted from four weeks after giving birth.

Sterilisation - a permanent method of contraception

This involves an operation. It is very effective but this can vary from surgeon to surgeon. **Male sterilisation (vasectomy)** stops sperm travelling from the testes. **Female sterilisation** prevents the egg from travelling along the Fallopian tubes to meet a sperm. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse.

If you have your baby by caesarean section, the surgeon may sometimes sterilise you at the same time. This is only done if you are very sure of your decision. Or you can return later when you and your partner have decided.

Can I still use emergency contraception after having a baby?

Emergency contraception can be used at any time if you had sex without using contraception. Also, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.

There are two types of emergency contraception:

- **An IUCD** - inserted by a doctor or nurse, can be used for emergency contraception up to five days after unprotected sex. It can be used from four weeks after the birth of your baby. This is the more effective method of emergency contraception.
- **Emergency contraception pills.** An emergency contraception pill works either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb (uterus). They can be used from 21 days after the birth of your baby. You take it as one single pill. There are two types of emergency contraceptive pills:
 - Levonelle® must be used within 72 hours (three days) of unprotected sex. It can be used when you are breastfeeding. It can be bought at pharmacies or prescribed by a doctor.
 - EllaOne® can be used up to 120 hours (five days) after having unprotected sex. You should not breastfeed for a week after using ellaOne®. It can be prescribed by your doctor or at a family planning clinic.

You will not need emergency contraception if you have unprotected sex within 21 days of having your baby. You cannot get pregnant so soon after childbirth.

Further reading & references

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Author: Dr Mary Harding	Peer Reviewer: Dr Jacqueline Payne	
Document ID: 9324 (v5)	Last Checked: 14/09/2016	Next Review: 14/09/2019

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