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Contraception After Having a Baby

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 breast-feeding then your periods may not start until much later. For some women this might be after you have stopped breast-feeding.

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 breast-feeding an effective contraceptive?

When you breast-feed, 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 breast-feeding.

You can use **breast-feeding (the lactation amenorrhoea method)** for contraception if you are:

- Fully breast-feeding, meaning:
 - Your baby is not having any solids or any other liquid.
 - OR, you are nearly fully breast-feeding - you are mainly breast-feeding 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) breast-feeding, you can become pregnant. Many women decide to use some contraception in addition to breast-feeding, 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 breast-feeding.
- 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". Between 3 and 90 women in 1,000 using the pill will become pregnant each year. It contains the female hormones oestrogen and progestogen. It works mainly by stopping egg production (ovulation). It is very popular. Different brands suit different people.

- Some advantages:
 - It is very effective.
 - Side-effects are uncommon.
 - It helps to ease painful and heavy periods.
 - When you stop taking it, you quickly become fertile again.

- Some disadvantages:
 - There is a small risk of serious problems (eg, blood clots).
 - Some women have side-effects.
 - You must remember to take it.
 - It can't be used by women with certain medical conditions, such as uncontrolled high blood pressure.

The COC can be started from 21 days after the birth if you are not breast-feeding. Previous guidance stated that you should not use combined hormonal contraceptive (CHC) methods until your baby is 6 months old, if you are breast-feeding. 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 contains just a progestogen hormone. It is commonly taken if combined hormonal contraceptive (CHC) methods are not suitable, such as in breast-feeding women, smokers over the age of 35 and some women with migraine. Between 3 and 90 women in 1,000 using the pill will become pregnant each year. It works mainly by causing a plug of mucus in the neck of the womb (cervix) that blocks sperm. Some types of POPs also stop ovulation.

- Some advantages:
 - There is less risk of serious problems than with the COC.
 - When you stop taking it, you quickly become fertile again.
 - You can use it at any age and even if you are a smoker.
- Some disadvantages:
 - Periods may become irregular.
 - Some women have side-effects.
 - You need to remember to take it at the same time every day - if you take a pill more than three hours later than usual you lose protection (twelve hours for a POP that contains the hormone desogestrel).

The POP can be started from 21 days after the birth. It is safe for women who are breast-feeding. 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 at preventing pregnancy. The contraceptive patch is stuck on to the skin so that the two hormones are continuously delivered to the body. There is one combined contraceptive patch available in the UK, called Evra®.

- Some advantages:
 - It is very effective and easy to use.
 - You do not have to remember to take a pill every day. You only have to put the patch on once a week.
 - Your periods are often lighter, less painful and more regular.
 - If you have vomiting or diarrhoea, the contraceptive patch is still effective.
 - When you stop using it, you will quickly become fertile again.
- Some disadvantages:
 - Some women have skin irritation.
 - Despite its discreet design, some women still feel that the contraceptive patch can be seen.
 - Some women have side-effects
 - There is a small risk of serious problems such as blood clots.

The contraceptive patch can be started from 21 days after the birth if you are bottle feeding. It may be used after 6 weeks when you are breast-feeding, as 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. It therefore works in much the same way. You keep the ring in for three weeks then take it out for a week. After a week, you put a new one in and start the cycle again. It is as effective as the COC. The ring available in the UK is called the NuvaRing®.

- Some advantages:
 - It is very effective.
 - You do not have to remember a pill every day. You just have to put in your ring once a month.
 - If you have vomiting or diarrhoea, the contraceptive ring is still effective.
 - Your periods are often lighter, less painful and more regular.
- Some disadvantages:
 - Some women have side-effects.
 - There is a small risk of serious problems such as blood clots.
 - Some people find they or their partner are aware of the ring when they have sex.
 - Some people are not comfortable with putting the ring in.

The ring 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 6 weeks if you are breast-feeding as benefits generally outweigh the risks.

Barrier methods

These include male condoms, the female condom, diaphragms and caps. They prevent sperm entering the womb (uterus). If used perfectly, about 20 women in 1,000 will become pregnant using condoms. With normal (not perfect) usage, closer to 200 women in 1,000 will become pregnant each year. Other barrier methods are slightly less effective than this.

- Some advantages:
 - There are no serious medical risks or side-effects.
 - Condoms help protect from sexually transmitted infections.
 - Condoms are widely available.
 - Your fertility is not affected by these methods.
- Some disadvantages
 - Barrier methods are not quite as reliable as other methods.
 - They need to be used properly every time you have sex.
 - Male condoms occasionally split or come off.
 - Some people are sensitive to latex condoms and have a reaction.

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. Between 10 and 240 women per 1,000 will become pregnant per year using this method, depending on how well they follow the guidelines. It requires commitment and regular checking of fertility indicators such as body temperature and cervical secretions.

- Some advantages:
 - There are no side-effects or medical risks.
- Some disadvantages:
 - It is not as reliable as other methods.
 - Fertility awareness needs proper instruction and takes 3-6 menstrual cycles to learn properly.
 - This should not be used after having a baby unless you have used this method in the past and are familiar with it.
 - This method should not be used if you are breast-feeding.

The lactation amenorrhoea method (as above) is suitable for the first six months after having a baby, if you are only breast-feeding 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. There are currently three types available in the UK. They are called Depo-Provera®, Noristerat® and Sayana Press®. Between 2 and 60 women in 1,000 using it will become pregnant after a year. The injections work by preventing ovulation. They also thicken the mucus in the neck of the womb (your cervix), and make the lining of your womb (uterus) thinner so that a fertilised egg is less likely to settle there. An injection is needed every 8-13 weeks depending on which injection you use (Depo Provera® 12 weeks, Noristerat® 8 weeks, and Sayana Press® 13 weeks).

- Some advantages:
 - It is very effective.
 - You do not have to remember to take pills.
 - You may not have any periods.
 - You can use it if you are breast-feeding.
- Some disadvantages:
 - Periods may become irregular (but often lighter or stop altogether).
 - After stopping, there may be a delay in your return to normal fertility for several months. It may take up to a year for your periods to come back.
 - Some women have side-effects. Weight gain may be a particular problem.
 - You cannot undo the injection, so if side-effects occur they may persist for at least 8-13 weeks.

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. Currently Nexplanon® is the only one available in the UK, although there are other implants. It contains a progestogen hormone which slowly releases into the body. Around 1 woman in 2,000 using the implant will become pregnant each year. It works in a similar way to the contraceptive injection. It involves a small minor operation using local anaesthetic. Each implant lasts three years.

- Some advantages:
 - It is very effective.
 - You do not have to remember to take pills.
 - You quickly become fertile again when the implant is removed.
 - You can use it if you are breast-feeding.
 - Your periods will be lighter, or stop altogether.
- Some disadvantages:
 - Periods may become irregular (but often lighter or stop altogether).
 - Some women develop side-effects but these tend to settle after the first few months.
 - It requires a minor procedure to have it put in and taken out.

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. Between 6-8 women in 1,000 using an IUCD for a year will become pregnant. It works mainly by stopping the egg and sperm from meeting. It may also prevent the fertilised egg from attaching to the lining of the womb. The copper also has a spermicidal effect, meaning it kills sperm.

- Some advantages:
 - It is very effective.
 - You do not have to remember to take pills.
 - You quickly become fertile when it is removed.
 - You are not taking any artificial hormones.
 - It lasts up to 10 years.
 - It starts working as soon as it is put in.
 - You can use it if you are breast-feeding.

- Some disadvantages:
 - Your periods may become heavier or more painful.
 - It may be uncomfortable or painful having it put in.
 - There is a very small chance of getting an infection after it is put in.
 - There is a very small chance that it may go through your uterus when it is put in (perforate your uterus).

An IUCD can be fitted from 4 weeks after giving birth.

Intrauterine system (IUS)

The IUS is a plastic device that contains a progestogen hormone. It is put into the womb. The progestogen is released at a slow but constant rate. Fewer than 1 woman in 1,000 will become pregnant using this method for a year. It works by making the lining of your womb thinner so it is less likely to accept a fertilised egg. It also thickens the mucus from the neck of your womb. It is also used to treat heavy periods (menorrhagia). It lasts for five years.

- Some advantages:
 - It is very effective.
 - You do not have to remember to take pills.
 - Periods become light or stop altogether.
 - You quickly become fertile when it is removed.
 - You can use it if you are breast-feeding.

- Some disadvantages:
 - Side-effects may occur as with other progestogen methods such as the POP, implant and injection. However, they are much less likely, as little hormone gets into the bloodstream.
 - It may be uncomfortable or painful to have it put in.
 - There is a very small chance of getting an infection after it is put in.
 - There is a very small chance that it may go through your womb when it is put in (perforate your uterus).

An IUS can be fitted from 4 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. Vasectomy is easier as it can be done under local anaesthetic. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse.

- Some advantages:
 - It is very effective.
 - You do not have to think further about contraception.

- Some disadvantages:
 - It is very difficult to reverse.
 - You may change your mind in the future if your situation changes.
 - It involves an operation.
 - Female sterilisation usually needs a general anaesthetic.

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 breast-feeding. 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 breast-feed 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 help & information

FPA

23-28 Penn Street, London, N1 5DL

Web: www.fpa.org.uk

Further reading & references

- [UK Medical Eligibility Criteria for Contraceptive Use](#); Faculty of Sexual and Reproductive Healthcare (2016)
- [Contraceptive leaflets](#); Family planning association (FPA)
- [Long-acting reversible contraception \(update\)](#); NICE (September 2014)
- [Intrauterine Contraception](#); Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit (2015)
- [Progestogen-only Pills](#); Faculty of Sexual and Reproductive Healthcare (March 2015)
- [Contraception - natural family planning](#); NICE CKS, June 2012 (UK access only)

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