

your guide to  
contraceptive choices –  
after you've had your baby

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



# Contraceptive choices – after you’ve had your baby

Contraception may be the last thing on your mind when you’ve just had a baby, but it’s something you need to think about if you want to delay or avoid another pregnancy. Many unplanned pregnancies happen in the first few months after childbirth, so even if you’re not interested in sex at the moment, it’s better to be prepared.

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## How soon can I have sex again?

You can have sex as soon as you and your partner both want to. Having a baby causes many physical and emotional changes for both partners and it may take some time before you feel comfortable or ready to have sex.

Everyone's different, so don't feel pressured or worry that you're not normal if you don't feel ready to have sex. It can help to talk to your partner or a healthcare professional such as a nurse, doctor or health visitor about any concerns you have.

## When will my periods start again?

The earliest your periods can return is five to six weeks after the birth, if you're not breastfeeding. Breastfeeding usually delays the return of your periods. You're more likely to start having them once you breastfeed less often and feeds are shorter, but in some women they may return earlier. You can become pregnant **before** your periods return because ovulation (releasing an egg) occurs about two weeks before you get your period.

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## How soon do I need to use contraception?

You need to start using contraception from three weeks (21 days) after the birth. It's not possible to get pregnant earlier than this.

Many methods can be started straight after the birth so that you're prepared (see When can I start my chosen method of contraception? below). Don't wait for your periods to return or until you have your postnatal check before you use contraception as you could get pregnant again before then.

If you're **fully** breastfeeding you can choose to rely on this for contraception (see Will breastfeeding act as a contraceptive? on page 7).

## Which contraceptive method will be suitable for me?

This will depend on what you and your partner prefer, your medical history, any problems you had in your pregnancy and if you're breastfeeding.

You can find out more about all the different contraceptive methods on FPA's website at [www.fpa.org.uk/contraception](http://www.fpa.org.uk/contraception)

## When can I start my chosen method of contraception?

These methods can be used or started **any time** after the birth:

- Male (external) or female (internal) condoms.
- Contraceptive implant.
- Progestogen-only pill.
- Contraceptive injection. When using the injection within six weeks of giving birth you may be more likely to have heavy and irregular bleeding.
- Fertility awareness methods. It may be more

difficult to identify your fertile time immediately after giving birth or when you're breastfeeding.

From **three weeks** after the birth **if you're not breastfeeding** or **from six weeks if you're breastfeeding** you can start:

- the combined pill
- the contraceptive patch
- the contraceptive vaginal ring.

Because your risk of thrombosis (blood clots) is higher during pregnancy and after giving birth, you may be advised to wait until six weeks even if you're not breastfeeding.

From **four weeks** after the birth you can use:

- an intrauterine device (IUD)
- an intrauterine system (IUS).

The IUD and IUS can also be fitted **within 48 hours** after you give birth.

From **six weeks** after the birth you can start to use:

- a diaphragm or a cap. You must check that it fits correctly.

## Which methods are most effective?

Long-acting reversible contraceptives (LARC) are the most effective methods at preventing pregnancy. You don't need to remember to take or use them.

- Contraceptive implant – lasts for three years. Can be taken out earlier.
- IUD – lasts for five to 10 years depending on type. Can be taken out earlier.
- IUS – lasts for three to six years depending on type. Can be taken out earlier.
- Contraceptive injection (Depo-Provera or Sayana Press) – lasts for 13 weeks.

Other methods rely on you remembering to take or use them. These are all effective methods

if used according to instructions. But you have to use and think about them regularly or each time you have sex. If they're not used according to instructions every time they're less effective.

- Combined pill.
- Contraceptive patch.
- Contraceptive vaginal ring.
- Progestogen-only pill.
- Male (external) or female (internal) condoms.
- Diaphragm or cap with spermicide.
- Fertility awareness methods.

If you're breastfeeding then it's recommended that you wait until the baby is six weeks old before starting the combined pill, the contraceptive vaginal ring or the contraceptive patch. These methods contain the hormone estrogen which may affect your milk production starting.

If you used a diaphragm or cap before you became pregnant, check with your doctor or contraception clinic to make sure it still fits – your cervix and vagina change shape during pregnancy and birth.

Fertility awareness methods can be more difficult to learn and use just after you've had a baby. If you used this method before your pregnancy, ask your fertility awareness teacher for advice.

## What if I want to get pregnant again?

An implant, IUS or IUD can be taken out at any time you choose and your normal fertility will return quickly.

If you use the injection, your fertility may not return for several months after your last injection has worn off. It can sometimes take up to one year for your periods and fertility to get back to normal. So if you want to get pregnant sooner, this

may not be the best method to choose.

You can stop taking or using other methods whenever you choose to and your normal fertility will return quickly.

Fertility awareness methods can help you with planning a pregnancy as well as avoiding one.

Waiting at least one year after giving birth before getting pregnant again can help you have a healthier pregnancy and birth, reducing the risk of complications such as an early birth or a very small baby. If you do get pregnant earlier, don't worry – ask for advice from your doctor, nurse or midwife.

## What are permanent methods of contraception?

If you're absolutely sure you don't want any more children you may wish to consider female sterilisation (tubal occlusion) or male sterilisation (vasectomy). These are permanent methods of contraception. It's not usually recommended that you or a partner be sterilised at the time of childbirth, as you need time to be sure that you don't want any more children.

There is some evidence to show that women who are sterilised at the time of the birth, or just after, are more likely to regret this decision later. The failure rate of female sterilisation may also be higher when it's done at this time.

## Will breastfeeding act as a contraceptive?

Breastfeeding is also known as lactation. It can help to delay when you start ovulating (releasing an egg) and having periods after the birth. This is known as lactational amenorrhoea (LAM) and it can be used as a contraceptive method. LAM can be up to 98% effective in preventing pregnancy

for up to six months after the birth. **All** of the following conditions must apply:

- You're fully, or nearly fully, breastfeeding. This means you're only giving your baby breast milk, or you're infrequently giving other liquids in addition to your breast milk.
- Your baby is less than six months old.
- You haven't had your first period since the birth.

The risk of pregnancy increases if **any** of these conditions apply:

- you start breastfeeding less often
- there are long intervals between feeds – both day and night
- you stop night feeds
- you use supplement feeding
- your periods return.

Once your baby is over six months old the risk of getting pregnant increases, so even if you don't have periods and are fully or nearly fully breastfeeding, you should use another contraceptive method.

## Will contraception affect my breast milk?

If you're using a hormonal method of contraception a small amount of hormone will enter the milk, but no research has shown that this will harm your baby.

It's advised that you wait until the baby is six weeks old before starting the combined pill, the contraceptive vaginal ring or the contraceptive patch. These methods contain the hormone estrogen which may affect your milk production starting.

Using the IUD doesn't affect your milk, and copper from it doesn't get into the milk.



## Can I use emergency contraception after the birth?

If it's 21 days or more since the birth and you have sex without using a contraceptive method, or you think your contraception might've failed, you can use emergency contraception (see page 10). It's not possible to get pregnant earlier than 21 days (three weeks) after the birth.

- You can use an emergency pill from 21 days.
- You can use the emergency IUD from 28 days.

If you're breastfeeding and use an emergency pill containing ulipristal acetate (known as ellaOne) you should avoid breastfeeding for one week after taking it. During this week you should express and discard your breast milk.

If you use the emergency IUD or an emergency pill containing levonorgestrel you can continue to breastfeed.

## Where can I get advice?

You can find out more about contraception from a midwife, nurse or doctor in hospital or at a birth centre, or from your midwife or health visitor at home. You and your partner can also visit your general practice or a contraception or sexual health clinic.

Visit [www.fpa.org.uk](http://www.fpa.org.uk) for more information about all methods of contraception.

## How do I find out about contraception services?

The Sexual Health Helpline provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123. It's open Monday to Friday from 9am-8pm.

For more information on sexual health visit [www.fpa.org.uk](http://www.fpa.org.uk)

Information for young people can be found at [www.brook.org.uk](http://www.brook.org.uk)

## Emergency contraception

If you've had sex without contraception, or think your method might've failed, there are different types of emergency contraception you can use.

- An IUD is the most effective option. It can be fitted up to five days after sex, or up to five days after the earliest time you could've ovulated (released an egg).
- An emergency contraceptive pill with the active ingredient ulipristal acetate can be taken up to five days (120 hours) after sex. It's available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with levonorgestrel can be taken up to three days (72 hours) after sex. It's more effective the earlier it's taken after sex. It's available with a prescription or to buy from a pharmacy. There are a number of different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

## Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections.

Condoms (male/external and female/internal), when used correctly and consistently, can help protect against sexually transmitted infections. If you can, avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

## **A final word**

This booklet can only give you general information. The information is based on evidence-guided research from FSRH: Faculty of Sexual and Reproductive Health of the Royal College of Obstetricians and Gynaecologists, and the World Health Organization.

All methods of contraception come with a Patient Information Leaflet which has detailed information about the method. Remember - contact your doctor, practice nurse or a sexual health clinic if you're worried or unsure about anything.

**Scan this QR code to download  
the digital version of this leaflet**



the sexual health company

[www.fpa.org.uk](http://www.fpa.org.uk)

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If you'd like information on the evidence used to produce this booklet or would like to give feedback, email [fpairect@fpa.org.uk](mailto:fpairect@fpa.org.uk)