CHOICES IN CONTRACEPTION
AFTER YOUR BABY IS BORN

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Customer Care Centre 0845 609 6767

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Intrauterine system (IUS)

The IUS is an effective, long-term and reversible method of contraception. It is fitted inside the uterus where it slowly releases a very low level of progesterone (lower than progestogen-only pills) until it is removed. It is a reliable alternative to sterilisation and can remain in place for up to 5 years.

IUS can be easily removed at any time and fertility returns quickly - pregnancy can occur as early as the next cycle. The IUS can be fitted 6 weeks after giving birth and is suitable for breastfeeding mothers, because it only releases a small amount of hormone - the same amount as 2-3 mini pills per week.

The IUS can also affect your menstrual cycle. You might experience spotting or longer periods to begin with, but after a while your periods become shorter and less painful or lighter, or you may have no periods at all.

Sterilisation

Sterilisation requires careful thought by both partners, as it is a permanent step which is difficult to reverse.

Male or female sterilisation should only be considered when you are absolutely certain that you don’t want another baby. It is best not to decide whether to be sterilised straight after giving birth. If you make the wrong decision, it may cause sadness and regret at a later stage.

Sources of Advice

Where can I get more advice on contraception?

It's never too early to think about what contraception to use after the birth. You can discuss this with your antenatal appointments or find out more while you are still in hospital from your midwife.

Once you have been discharged, you can talk to your health visitor. You and your partner can also visit your GP, practice nurse, Family Planning Clinic or sexual health clinic after the baby is born.

If your own GP does not provide contraceptive advice, you can see another GP who does. Alternatively, you can visit your local Family Planning Clinic.

If you want to find out where this is, contact your health centre or the IPH on the numbers below. The IPH can also give you confidential telephone advice about contraception and sexual health.

Ipsa Helplines (Lines are open Monday to Friday)

Ipsa UK 0845 310 1314 (9am to 7pm)
Ipsa Scotland 0141 576 3088 (Mon - Thurs 9am to 5pm, Fri 9am to 4.30pm)
Ipsa N. Ireland 028 90 325 488 (Mon - Thurs 9am to 5pm, Fri 9am to 4.30pm)
Derry 028 71 260 016

Don't forget that contraception is free from your GP and Family Planning Clinic, so you won't have to pay for your prescription.

Useful Web sites

www.ipa.org.uk www.schering.co.uk www.femalehealth.co.uk

Choices in Contraception After Your Baby is Born

A new addition

The birth of a baby, particularly the first born, can bring many physical and emotional changes. Coping with a newborn can be especially stressful if you are a single mum or have other young children to care for, but you will soon get used to caring for the new addition to your family.

With the physical strain of the birth, and disruptions to sleep whilst feeding your baby around the clock, it may take a few months before you feel able to resume a normal sex life.

When can I start to have sex again?

When you choose to have sex again is up to you and your partner. However, it is advisable to wait for a few weeks after the delivery, as complete healing may take a while.

There is no reason why you should not enjoy sex just as much as before.

If you suffer from dryness, or discomfort from having had stitches, vaginal lubricants may help. Water-based lubricants are recommended, especially if you are using a barrier method of contraception, as they do not damage condoms or diaphragms (caps).

The muscles holding the uterus (womb) may loosen during childbirth. If you want to get these back in shape, pelvic floor exercises can help. Your midwife or health visitor can explain how to do these exercises.

However, before you resume your sex life, it is important to think about what form of contraception you are going to use.

You need contraception!

Don't get caught out, a lot of unplanned pregnancies happen in the first few months after childbirth. You can get pregnant again as early as 17 days after your baby is born.

Don't wait for your periods to return - this is because you ovulate (release an egg) about 2 weeks before your period, so you may be able to get pregnant again without knowing it. Also, you shouldn't rely on breastfeeding as a method of contraception, (see the section on breastfeeding later on in this leaflet).

Even if you are keen to have another baby as soon as possible, it is wise to give your body time to recover fully from giving birth. You may want to consider short term contraception. If you want to space out your family by waiting a couple of years (or longer) before your next child, you should consider longer term methods.

It is therefore important to decide which method of contraception to use before you start having sex again. You may like to discuss the options with your GP, Family Planning doctor, practice nurse, midwife or health visitor.

When will my periods come back?

This varies considerably and can depend on how you feel your baby.

If you are not breastfeeding, your first period could start as early as 5-8 weeks after the birth. If you are breastfeeding, your periods might not come back until you have stopped, but remember that you should not rely on this as a method of contraception.
The methods of contraception

Section 1: The pill

The pill is a type of hormonal contraception that contains two hormones: estrogen and progestogen. It is taken orally and can be used to prevent pregnancy. There are different types of pills available, each with varying levels of hormones. The pill is effective in preventing pregnancy if taken consistently and correctly. It is important to consult a healthcare provider for specific guidance on how to use the pill correctly.

Section 2: Oral contraceptives

Oral contraceptives, also known as birth control pills, are available in different formulations. They contain a combination of hormones that prevent ovulation. There are two main types: combination pills and progesterone only pills. Combination pills contain estrogen and progestogen, while progesterone only pills contain only progestogen. It is important to follow the instructions provided by the healthcare provider for the specific type of oral contraceptive being used.

Section 3: Copper intrauterine device (IUD)

A copper IUD is a small, T-shaped device placed in the uterus by a healthcare provider. It releases copper, which prevents sperm from reaching the egg. Copper IUDs are effective in preventing pregnancy and can be used for a period of time, typically ranging from 5 to 10 years. It is important to follow up with a healthcare provider for regular check-ups and maintenance.

Section 4: Progestogen-only pills

Progestogen-only pills, also known as minipills, contain only progestogen. They are typically taken daily, without any breaks. Progestogen-only pills are effective in preventing pregnancy if taken consistently. It is important to consult a healthcare provider for specific guidance on how to use progestogen-only pills correctly.

Section 5: Implants

Implants are a type of long-acting reversible contraception that consists of a thin, flexible rod containing hormone. Implants are placed under the skin of the upper arm or upper inner thigh by a healthcare provider. They release hormones continuously and provide contraception for up to 3 years. It is important to follow up with a healthcare provider for regular check-ups and maintenance.

Section 6: Condoms

Condoms are a type of barrier method that is used to prevent pregnancy and sexually transmitted infections. Condoms are available in different types, including latex, polyurethane, and lambskin. They are effective in preventing pregnancy if used correctly and consistently. It is important to follow the instructions provided by the healthcare provider for the specific type of condom being used.

Section 7: Spermicides

Spermicides are substances that are placed in the vagina to kill sperm. They are available in different forms, including foams, creams, and jellies. Spermicides can be used in conjunction with other methods of contraception to increase their effectiveness. It is important to follow the instructions provided by the healthcare provider for the specific spermicide being used.

Section 8: Natural family planning

Natural family planning, also known as fertility awareness, is a method of contraception that involves tracking fertility indicators to determine the most fertile days of the menstrual cycle. It is important to follow the instructions provided by the healthcare provider for the specific natural family planning method being used.

Section 9: Vasectomy and hysterectomy

Vasectomy and hysterectomy are surgical procedures that can be used as permanent methods of contraception. Vasectomy is a procedure that permanently blocks the sperm ducts, while hysterectomy is a procedure that removes the uterus. It is important to discuss the pros and cons of these procedures with a healthcare provider and ensure informed decision-making.

Section 10: Alternative methods

Alternative methods of contraception includeWithdrawal, rhythm, and the storage of sperm in a condom for later use. These methods are not as effective as modern methods of contraception and should be considered as last resort or as complementary methods.

Conclusion

Contraception is an important aspect of family planning and sexual health. It is important for individuals to consult with a healthcare provider to determine the most appropriate method of contraception based on their individual needs and preferences. By choosing the right method of contraception, individuals can take control of their reproductive health and make informed decisions about their future.

BREASTFEEDING

Breastfeeding

Breastfeeding is a natural way to nourish and care for your baby. It provides many benefits for both the mother and the baby, including:

- Nutritional: Breastmilk provides all the nutrients your baby needs for growth and development.
- Immune: Breastmilk contains antibodies that help protect your baby from infections.
- Emotional: Breastfeeding can strengthen the bond between you and your baby.

Breastfeeding is best when it begins within the first hour after birth and continues for at least the first year of your baby's life. However, every mother and baby is unique, and the decision to breastfeed should be based on the needs and preferences of both the mother and the baby. It is important to consult with a healthcare provider for specific guidance on how to initiate and maintain breastfeeding.

Breastfeeding can be challenging, and it is important to seek support and guidance from a healthcare provider or a breastfeeding support group. It is also important to remember that breastfeeding is not a competition and that every mother and baby is capable of achieving their own unique breastfeeding journey.