



Oxford University Hospitals
NHS Foundation Trust

Postnatal Contraception

Information for patients



What is postnatal contraception?

Your fertility (ability to get pregnant) can return very quickly after having a baby. Many unplanned pregnancies can happen in the first few months after giving birth, so it is important to have a plan for contraception that suits you.

Why is postnatal contraception important?

We recommend having a gap of at least 12 months before getting pregnant again. This can help you to have a healthier pregnancy and birth next time, reducing the chance of complications such as miscarriage, having an early birth or a very small baby.

How soon do I need to start?

You can get pregnant again as soon as 21 days after giving birth if you are not fully breastfeeding (see the section on breastfeeding later in this leaflet). To reduce the chance of an unplanned pregnancy after giving birth and to allow you time to plan for your next pregnancy, we recommend that postnatal contraception is started 21 days following the birth of your baby.

All women should have a 6 to 8 week check with their GP after having a baby but given that you can get pregnant again before that, this appointment may be too late to plan contraception.

There are many different types of contraception available, some of which can be started immediately after giving birth. It is therefore wise to start thinking about which method of contraception you may want before you give birth.

How does contraception work?

Contraception works by preventing your partner's sperm and your egg from meeting and developing into a baby. There are many types of contraception and they all work in different ways. Some contain hormones, others do not. This leaflet goes on to explain how each of the different types of contraceptive work.

What are the options?

The next 2 pages describe the different types of contraception, how they are used, how effective they are and when you can start them after having had a baby.

This information leaflet is designed as a starting guide. You can find more detailed information about each type of contraception on the

NHS website:

www.nhs.uk/conditions/contraception/

or on the **family planning website** at:

www.fpa.org.uk/professionals/resources/

Methods that can start immediately after having a baby

- **The progesterone only pill (POP)**

This is a pill to be taken every day without a break. It generally causes periods to be lighter and less painful, and some women may not get periods at all. Irregular bleeding is common. For these pills to be effective, they need to be taken at the same time every day. Vomiting and diarrhoea and some medications can make these pills less effective. It is around 91% effective with typical use.

- **Condoms**

These can be used at any time, and work as a barrier to prevent pregnancy and sexually transmitted infections. They are 82% effective with typical use.

- **Contraceptive implant**

This is a flexible rod placed under the skin of the upper arm, releasing progesterone. It is inserted using local anaesthetic in a contraception clinic or GP clinic, and lasts for 3 years before either being removed or replaced. It can be used any time after giving birth. Periods may stop, be irregular or last longer. It is 99% effective and doesn't rely on you having to remember to take or use it for it to continue to be effective.

- **Contraceptive injection (often called Depo injection or Sayana Press)**

This is an injection of progesterone into the arm, thigh or abdomen (tummy). It works by stopping ovulation, preventing sperm and egg from meeting and preventing a fertilised egg from implanting in the uterus (womb). It can be given before you leave hospital and then be self-injected at home or in a GP surgery depending on the type you choose. It lasts for 8 to 13 weeks (depending on specific type used) before a repeat dose is needed. Periods may stop, or initially be irregular or last longer, although this tends to settle over time. It is 94% effective with typical use, and you do need to remember to have the repeat injections on time to ensure that it is still effective.

Methods that can start immediately after having a baby continued

- **Coils**

There are 2 types of coils available. They are small devices which are fitted into the uterus (womb) and contain either hormones or copper. A coil can be fitted in a contraception clinic or GP surgery, or if you are having a caesarean section it can be fitted at the same time. There is a small chance of infection (less than 1%) at the time of insertion and a small chance of it being expelled by the uterus (falling out of the womb) soon after insertion. They are 99% effective and as long as you can feel your threads, you do not need to remember to do anything once it is fitted. A coil can be fitted either within 48 hours of delivery or more than 4 weeks after delivery.

Intrauterine system (IUS) (also known as ‘Mirena’ or hormonal coil) – contains progesterone. It lasts for 3 to 5 years depending on the type used but can be removed sooner if side effects are not tolerable or pregnancy is wanted. It often makes periods lighter, shorter and less painful, but irregular bleeding or spotting is common in the first 6 months.

Intrauterine device (IUD) (copper coil) – contains copper. It lasts for 5 to 10 years depending on the type used but can be removed sooner if side effects are not tolerable or pregnancy is wanted. It may make your periods heavier, longer or more painful.

Long-acting contraceptives (such as the implant, IUS or IUD) are the most effective methods of preventing pregnancy as they don't rely on you having to remember to take them.

Methods that can be started from 3 weeks if not breastfeeding or from 6 weeks if breastfeeding

- **The combined oral contraceptive pill (COCP)**

contains both oestrogen and progesterone. It is taken every day for 3 weeks followed by a week without medication or with inactive pills, during which time you will bleed like a period. It usually makes periods more regular, lighter and less painful however irregular bleeding or spotting is common in the first few months. It is around 91% effective with typical use.

- **Contraceptive patch**

This is a small patch stuck on the skin releasing oestrogen and progesterone. A new patch is placed on the skin each week for 3 out of 4 weeks, in the 4th week you will have bleeding like a period. It works by stopping ovulation, preventing the egg and sperm meeting and preventing a fertilised egg implanting in the uterus. Irregular bleeding or no bleeding at all is common in the first few months. It is 91% effective with typical use. You need to remember to change the patch weekly.

- **Contraceptive vaginal ring**

This is a small flexible plastic ring which is placed into the vagina, releasing oestrogen and progesterone. One ring is used for 3 out of 4 weeks. During the 4th week you will get bleeding like a period. Most women find it easy to insert and remove. It is 91% effective with typical use. You need to remember to change it every 3 weeks to ensure it is still effective.

Methods that can be started from 3 weeks if you are not breastfeeding or from 6 weeks if you are breastfeeding

- **Diaphragm (or cap)**

This is a flexible latex or silicone device used with spermicide (a chemical that destroys sperm) which is placed into the vagina to cover the cervix (neck of the womb). It needs to be used each time you have sex and removed afterwards. It is important to use the correct size, and the size you need may change after you have a baby, following a miscarriage or if you gain or lose more than 3kg (7 lbs) in weight. It is 71% effective with typical use. This can be used from 6 weeks after the birth, regardless of how you feed your baby.

Planning your next pregnancy

If, or when you choose to stop contraception for a planned pregnancy we advise waiting at least 2 years before trying to get pregnant again. This will help to ensure the best outcomes for you and your next baby.

You can stop taking the combined pill or the progesterone only pill at any time, and an implant or coil (hormonal or copper) can be removed at any time. Your normal fertility should return quickly after stopping any of these options.

If you use the contraceptive injection for many consecutive months, your fertility may not return for several months after the last injection has worn off and it can sometimes take up to a year for your periods and fertility to return to normal. This is worth considering if you are choosing the contraceptive injection as a form of postnatal contraception.

Permanent contraception (following a planned caesarean section only)

Tubal ligation is a form of permanent female sterilisation. It is a surgical procedure that can happen at the time of a planned caesarean section.

Tubal ligation is only available in exceptional circumstances when other contraceptive methods have failed. If you are sure you do not wish to have more children in the future and wish to discuss the possibility of tubal ligation, you can speak to your obstetrician (hospital doctor) during your antenatal clinic appointment.

It is important to consider that female sterilisation is permanent and cannot be reversed. There is some evidence that women who are sterilised at the time of birth are more likely to regret this decision.

You need to be certain that permanent contraception is the right choice for you. It is very important that you consider your options carefully. As well as discussing this with your obstetrician and partner, you may also wish to discuss this with your midwife and/or GP.

Tubal ligation is not a procedure that we can perform if your caesarean is not a planned procedure.

Another more permanent form of contraception that can also be considered is for a male partner to have a vasectomy (male sterilisation). This option can be discussed with your GP.

Breastfeeding (Lactational Amenorrhoea)

- If you are fully breastfeeding this may delay the start of ovulation (your body producing and releasing an egg), which prevents your periods returning. This is called lactational amenorrhoea. Some women choose to use lactational amenorrhoea as a method of contraception. It can be more than 90% effective providing:
- You are fully breastfeeding (this means that your baby is having breast milk only with no other liquid or solid food)
- Your baby is less than 6 months old
- You haven't had a period since the birth

The chance of becoming pregnant increases if:

- You start breastfeeding less often
- There are long intervals between feeds (during the day or night)
- You stop breast feeding at night
- You supplement breast feeding with formula milk or solid foods
- Your periods start/return

Once your baby reaches 6 months of age, you must use another form of contraception even if your periods haven't started/returned as this method will no longer be reliable.

Contraception and breastfeeding

If you are using a hormonal form of contraception, a small amount may enter your breastmilk, but this is not thought to be harmful to your baby. Copper from the IUD does not enter breastmilk.

Any further questions

Please feel free to discuss any of the methods of contraception shown in this leaflet with your midwife, GP or obstetrician.

You can also email the Oxford Sexual Health Service on the email below, giving your name, date of birth and a contact number. The contraception team will call you within 3 working days.

Email:

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



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