**MATERNITY SERVICES**

**Your Guide To**

**Postnatal Contraception**

**Helping you choose the method of contraception that is best for you**

**Your guide to postnatal contraception**

Women may feel ready to have sex again soon after their baby is born. It is possible to begin releasing eggs as soon as 3 weeks after delivery and, therefore, pregnancy can occur before periods resume.

Many unplanned pregnancies occur in the months following childbirth and this can increase the chance of complications for women and their babies.

This leaflet shows all available contraceptive methods, explains how they work, their effectiveness, and the main advantages & disadvantages. This leaflet also provides information on when the different methods can be commenced and those methods that are available prior to or on discharge from the Victoria Hospital, Kirkcaldy after the birth of your baby.

**When contraceptives can be started after birth**

****Progestogen-only pill, contraceptive injection, contraceptive implant, and condoms: Can be commenced immediately after delivery.

Intrauterine systems and devices: Within 48 hours or delayed until 4-6 weeks after birth.

Combined contraceptives (pill or patch):

* Non-breastfeeding: Can be commenced after 3 weeks unless risk factors for blood clots, in which case can be commenced after 6 weeks.
* Breastfeeding: After the baby is 6 months old.

Female sterilisation: Within first 7 days after birth or after 6 weeks.

Male sterilisation: At any time.

**Methods with no user failure**

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|  | **Contraceptive Implant** | **Contraceptive Injection** | **Male Sterilisation** |
| **Effectiveness** | The **most effective** method of contraception, **99.9% effective**; fewer than 1 in 1,000 users will get pregnant. | **Highly effective** though shorter-lasting. With repeated doses on time, over 99% effective; fewer than 1 in 100 users will get pregnant.  With typical use, around **94% effective**; around 6 in 100 users will get pregnant. | **Highly effective**  Male sterilisation (vasectomy) is **99.95% effective.**  Sterilisation is permanent, non-reversible on the NHS and has a very small failure rate. |
| **How it works** | Small flexible rod inserted under the skin in the upper arm. Gradual release of progestogen, which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins lining of womb to prevent fertilised egg implanting. | An intra-muscular injection of progestogen, which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg, and thins lining of womb to prevent fertilised egg implanting. | In male sterilisation the tubes carrying sperm from the testicles to the penis are cut, sealed or tied. |
| **Advantages** | * **Can be inserted in hospital.** * Works for 3 years but can be taken out sooner. * Don’t need to do anything as long as implant is in place. * Once implant removed, your baseline fertility returns immediately. | * **Can be given in hospital.** * Lasts 13 weeks (Depo-Provera and Sayana Press) or 8 weeks (Noristerat). * Don’t need to think about contraception as long as injection lasts. * May reduce heavy, painful periods in some people. | * Can be performed under local anaesthetic. * Not major surgery * Low risk of systemic complications |
| **Disadvantages** | * Bleeding pattern with implant is unpredictable: periods may stop, be irregular or last longer (treatments for this are available). * Small procedure required to insert and remove the implant. | * Periods may stop, be irregular, or last longer. * Periods & fertility may take time to return after stopping injection. * Some people gain weight. | * There may be a long waiting list. * Effectiveness will not be confirmed for several months. |
| **Comments** | * You’re asked to feel the implant when it’s first inserted in your arm but it can’t be seen. * There may be a small bruise at the insertion site for a few days. * Not affected by most other medicines or illness. | * Injection cannot be removed from body, so any side effects may continue for as long as it works and for some time afterwards. * Not affected by other medicines, diarrhoea, or vomiting. | * Male sterilisation requires waiting for a negative sperm test after 12 weeks to confirm effectiveness * A bridging method may be required while awaiting sterilisation |

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|  | **Intrauterine System (IUS) – Hormone coil** | **Intrauterine Device (IUD) –**  **Copper coil** | **Female Sterilisation** |
| **Effectiveness** | **Highly effective** and no user failure.  Over **99% effective**; fewer than 1 in 100 users will get pregnant. | **Highly effective** and no user failure.  Over **99% effective**; fewer than 1 in 100 users will get pregnant. | **Highly effective**  Female sterilisation (tubal occlusion) is **99.5% effective**.  Sterilisation is permanent, non-reversible on the NHS and has a very small failure rate. |
| **How it works** | A small T-shaped plastic device is put into the womb, which slowly releases progestogen. This thins the lining of the womb to prevent a fertilised egg implanting and thickens the cervical mucus, which makes it difficult for sperm to meet an egg. | A small plastic and copper device is put into the womb. It stops sperm reaching an egg, and it will also stop a fertilised egg implanting in the womb. | In female sterilisation the fallopian tubes are cut, sealed or blocked to stop eggs from being able to reach the womb and be fertilised. |
| **Advantages** | * **Can be inserted at time of caesarean section.** * Works as soon as it is put in if inserted at caesarean section. * Works for 3-5 years depending on type, but can be taken out sooner. * Don’t need to think about contraception as long as IUS is in place. * With Mirena IUS, periods usually become lighter, shorter, and sometimes less painful. * When removed, your fertility will return to normal. | * **Can be inserted at time of caesarean section.** * Works as soon as it is put in if inserted at caesarean section. * Works for 5-10 years depending on type, but can be taken out sooner. * Don’t need to think about contraception as long as IUD is in place. * When removed, your fertility will return to normal. | * Can be performed at time of caesarean section if consented in advance; * Effective immediately; * No effect on periods. |
| **Disadvantages** | * If not inserted at caesarean section then need an appointment in 4-6 weeks * Irregular bleeding or spotting is common in the first 6 months. * Very small chance of getting an infection during the first 20 days after insertion. * Some people get ovarian cysts though these may be asymptomatic. | * If not inserted at caesarean section then need an appointment in 4-6 weeks * Periods are sometimes heavier, longer, or more painful. * Very small chance of getting an infection during the first 20 days after insertion. | * There may be a long waiting list. * If performed outwith pregnancy, other contraception may be required for a few weeks. * Small increased risk of ectopic pregnancy if sterilisation fails. * Small risk of surgical complications |
| **Comments** | * You’re taught to check the IUS is in place. * If inserted at the time of caesarean section then a follow-up for coil check will be arranged. * Periods may stop altogether. * Not affected by other medicines. | * You’re taught to check the IUD is in place. * If inserted at the time of caesarean section then a follow-up for coil check will be arranged. * Not affected by other medicines. | * Male sterilisation requires waiting for a negative sperm test after 12 weeks to confirm effectiveness * Choosing sterilisation at a young age is associated with a higher chance of regret |

**Methods with user failure**

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|  | **Progestogen-only pill (POP)** | **Combined pill (COC)** | **Combined patch** |
| **Effectiveness** | Over 99% effective if always taken according to instructions (perfect use); fewer than 1 in 100 pill users would get pregnant in a year.  With typical use, around **91% effective**: around 9 in 100 pill users will get pregnant in a year. | Over 99% effective if always taken according to instructions (perfect use); fewer than 1 in 100 pill users would get pregnant in a year.  With typical use, around **91% effective**: around 9 in 100 pill users will get pregnant in a year. | Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 patch users would get pregnant in a year.  With typical use, around **91% effective**: around 9 in 100 patch users will get pregnant in a year. |
| **How it works** | Contains the hormone progestogen. POPs with a progestogen called desogestrel stop ovulation, thicken cervical mucus to stop sperm reaching egg and thin the lining of the womb to stop a fertilised egg implanting. Other POPs thicken cervical mucus and may stop ovulation. | Contains 2 hormones – oestrogen and progestogen. This stops ovulation, thickens cervical mucus to stop sperm reaching egg and thins the lining of the womb to stop a fertilised egg implanting. | A small patch stuck on the skin releases oestrogen and progestogen. It stops ovulation, thickens cervical mucus to stop sperm reaching egg and things the lining of the uterus to stop a fertilised egg implanting.  The patch is changed each week for at least 3 weeks at a time. |
| **Advantages** | * POP can be used by people who can’t take oestrogen * Can be used by smokers over age of 35y * Can be used in people with migraines or other medical conditions that stop use of COC * May help with premenstrual symptoms and painful periods | * COC usually makes bleeding regular, lighter and less painful * Can reduce risk of cancers of the ovary, uterus and colon * Suitable until age 50y for non-smokers with no health concerns * On stopping taking the COC fertility will return to baseline | * You don’t have to think about it every day. * The patch is not affected by vomiting or diarrhoea. * The patch usually makes bleeding regular, lighter and less painful. * Improves acne for some people. * Suitable until age 50y for non-smokers with no health concerns * Possible skin irritation |
| **Disadvantages** | * Menstrual bleeding may be irregular, more frequent, lighter or stop * Temporary side effects can include headaches, skin changes, breast changes, bloating | * Not suitable for smokers aged over 35y, those of high BMI or in medical conditions affected by oestrogen * Small risk of side effects including blood clots and breast cancer * Temporary side effects can include headaches, nausea and breast tenderness | * Not suitable for smokers aged over 35y, those of high BMI or in medical conditions affected by oestrogen * Small risk of side effects including blood clots and breast cancer * Temporary side effects can include headaches, nausea and breast tenderness * Patch can cause some skin irritation in some people |
| **Comments** | * POP must be taken at same time each day * Not effective if taken over 12hrs late or after vomiting or gastroenteritis | * Missed pill, vomiting or gastroenteritis can make COC less effective * COC can be taken continuously to avoid a monthly bleed * Spotting or breakthrough bleeding can occur in first months of use | * Patch may be visible * Patches can be used continuously to avoid a monthly bleed * Spotting or breakthrough bleeding can occur in first months of use |

**Methods with user failure (cont)**

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|  | **Contraceptive vaginal ring** | **Male condoms** | **Female condoms** |
| **Effectiveness** | Over 99% effective if always used according to instructions (perfect use); fewer than 1 in 100 ring users will get pregnant in a year.  With typical use, around **91% effective**: around 9 in 100 ring users will get pregnant in a year. | Around 98% effective if always used according to instructions (perfect use).  With typical use, around **80% effective**: around 20 people using condoms as their only contraception will get pregnant in a year. | Around 95% effective if always used according to instructions (perfect use).  With typical use, around **79% effective**: around 21 people using femidoms as their only contraception will get pregnant in a year. |
| **How it works** | You put a small, flexible plastic ring into your vagina, where it releases 2 hormones, oestrogen and progestogen. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg, and thins the lining of the uterus to stop a fertilised egg implanting.  The ring is changed every 3 weeks. | Condoms are made of very thin latex (rubber), polyurethane (plastic) or polyisoprene (synthetic latex).  Condoms act as a physical barrier to stop sperm from entering the vagina. | Femidoms are made of soft, thin polyurethane (plastic).  A femidom loosely lines the vagina and covers the area just outside to stop sperm from entering the vagina. |
| **Advantages** | * You don’t have to think about it every day. * Effectiveness is not affected by vomiting or diarrhoea. * The ring will usually make periods regular, lighter and less painful. * It improves acne for some people. * Suitable until age 50y for non-smokers with no health concerns. | * Condoms can help protect from sexually transmitted infections as well as pregnancy * Available for free from sexual health clinics, young people’s services and GPs * Do not contain hormones * No serious side effects | * Femidoms can be put in any time before sex * Femidoms can help protect from sexually transmitted infections as well as pregnancy * Do not contain hormones * No serious side effects * Oil-based products can be used with femidoms |
| **Disadvantages** | * Not suitable if you’re a smoker, aged over 35y, very overweight or have certain medical conditions. * A small risk of serious side effects such as blood clots, breast and cervical cancer. * Can have temporary side effects including vaginal discharge, headaches, nausea, mood changes and breast tenderness. | * New condom needs to be used every time * Condoms can slip off or split * Some people have sensitivity to latex | * New femidom needs to be used every time * Femidom can get pushed into the vagina or split * Need to make sure the penis enters the femidom and doesn’t go between the femidom and the vagina * Not as widely available as condoms |
| **Comments** | * You need to be able to insert and remove the ring yourself. * Some medicines can make the ring less effective. * Breakthrough bleeding and spotting may occur in the first few months using the ring. | * Extra lubricant may be required when using condoms * Condom needs to be put on before the penis touches a partner’s genital area * Oil-based products damage latex condoms | * Sold online and in pharmacies |

