

# Contraception after Child Birth

After the birth of a baby, amongst all the other things to do it is important to think about contraception.

## ***How soon can I fall pregnant after having a baby?***

On average, after the birth of the baby, your fertility will return at 4-6 weeks for those not breast feeding, and at 24 weeks for those breast feeding. However, there is a huge variation, so no matter how soon it is after the baby's birth, it is important when having sex to use contraception if you don't want to fall pregnant.

## ***Hormonal methods***

### **1. The combined pill**

The combined pill is usually referred to as The Pill. It contains the two hormones oestrogen and progestogen that are similar to hormones naturally produced by the body. The Pill is generally not recommended in women who breast feed, although it is occasionally used once the baby is at least 6 months old. It can be started 3 weeks after delivery in non breast feeding women, although occasionally it is started straight after the birth. It is 99% effective if used correctly, and usually is associated with light, regular and less painful periods. The disadvantages are, it needs to be taken daily and cannot be used by women who have some medical conditions, including certain types of migraines, or those with risk factors for heart disease. It is common for women to experience side effects such as headaches, nausea and breast tenderness, which usually settle with time. More serious side effects such as blood clots, heart attacks and strokes are rare. Some brands cost as little as \$4.70 for 4 months (for those with a health care card) with a maximum price of \$25 per month.

### **2. Progestogen only methods**

These methods do not contain any oestrogen. They are usually started any time after the baby is 6 weeks old in breast feeding women, occasionally they are started earlier. Milk volumes are not reduced and hormonal transfer to the milk is very low when using these contraceptive methods. In non breast feeding women they can be started straight after birth, although it is preferred that bleeding settles before starting. There are 3 methods in Australia and all have irregular bleeding as an important and common side effect. Usually these methods can be used by women who are unable to take the combined pill for medical reasons, although a careful medical assessment is always required.

#### **2.1. The mini pill**

The mini pill is a very low dose pill. It is 96-99% effective. It is extremely important that it is taken at the same time every day. Side effects are uncommon. It costs about \$20, or \$4.70 for health care card holders, for 4 months use.

## **2.2. Implanon**

Implanon is an implant approximately the size of a matchstick that is inserted in the inner upper arm by a doctor trained in its insertion and removal. It is more than 99% effective and can be used for up to 3 years after which it must be removed and replaced. It usually can be easily removed at any time. Irregular bleeding is a common side effect, although 20% of women will stop having periods. It costs \$29.50 or \$4.70 for health care card holders. -

## **2.3. Depo-Provera:**

Depo-Provera is at least 99% effective. It is given by injection once every 12 weeks. Irregular bleeding is common, although about 50% of women will completely stop having periods whilst using it. It may be associated with weight gain, and loss of bone density. Once given, there is no way of reversing it and there can be quite a delay in a woman's return to fertility once it is stopped. It is not a 'first choice' contraception in women aged less than 25, as this is an important time for developing bone density. It costs \$15-\$20, or \$4.70 for health care card holders, per injection.

## ***IUDs***

Intra-uterine devices (IUDs) are more than 99% effective. They are plastic devices that contain either copper or a hormone. Both types need to be inserted into the woman's womb by a doctor trained in the procedure. The hormonal type (Mirena) reduces bleeding and the copper type generally increases it to a small degree. The device can be left in for 5-8 years. An IUD can easily be removed at any time by a GP. Whether or not the woman is breast feeding it is generally inserted any time after the baby is 6 weeks old, or 12 weeks if the birth was by caesarean. The cost of the IUD varies from \$4.60 for health care card holders to \$80, depending on the type. There may be additional doctor costs for insertion.

## ***Barriers***

**Male and female condoms** can be used at any time after the birth. Female condoms are about 95% effective. They are quite expensive, at 3 for \$12.95, and can be ordered from Family Planning Victoria. Male condoms are readily available, cheap and effective, preventing about 97% of pregnancies if used correctly.

**Diaphragms** are rubber caps placed in the vagina to cover the cervix (opening of the womb) during sex to prevent sperm entering. They need to be fitted by a practitioner trained in this procedure at least 6 weeks after the baby is born and cost around \$40. They have a failure rate of up to 16%. If you have used a diaphragm in the past it will need to be checked for size after having a baby as things may have changed..

## ***Emergency contraception***

If you have unprotected sex you may be at risk of an unintended pregnancy. Emergency contraception can be prescribed by a doctor or dispensed by a pharmacist over the

counter without a prescription. It is considered safe to use in breast feeding women. The cost varies and may be as high as \$40.

## **Natural methods**

### **Is breast feeding enough?**

Lactational amenorrhoea, which literally means not having a period whilst breast feeding, is a recognised method of contraception. If a woman fully breast feeds her baby, has not had a period, and the baby is less than six months old, she is 98% protected from pregnancy. There is no strict definition of fully breast feeding, and a woman will be fertile before the return of her first period. Many women prefer to use an additional method of contraception.

### **Natural family planning**

There are a variety of natural family planning methods based on learning the signals your body gives to indicate when you may be fertile. You then avoid sex at these times. If used correctly, they are up to 98% effective in preventing pregnancy. These methods can be difficult to use, particularly before periods have returned. *Women relying on these methods need to be taught by an experienced practitioner.*

### **Sterilisation**

For women who want permanent contraception, sterilisation is an option. Tubal ligation can be performed at the same time as a Caesarean section birth, but there is a slightly increased risk of failure. There appear to be more regrets felt by women if tubal ligation is performed within a year of the birth of a child. At a minimum, it should be performed 3 months after delivery. The failure rate is approximately 2 to 3 per 1000.

An alternative to tubal ligation which does not require a general anaesthetic, is the insertion of micro-coils, Essure, into the fallopian tubes. This procedure can be performed under local anaesthetic. This procedure is definitely permanent, and, unlike tubal ligation, can never be reversed.

Vasectomy is the sterilisation option for men. Under local anaesthetic, the cord carrying sperm is cut preventing sperm from reaching the semen. Failure rate is approximately 1 to 2 per 1000.



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