



Postpartum Contraceptive Options

As you recover from your recent delivery and focus on caring for your newborn, having sex may be the furthest thing from your mind. But before you know it, you and your partner will be ready to become intimate again. If you are not careful, it is possible for you to become pregnant just a few weeks after having a baby! It is therefore very important to start thinking about which method of birth control you want to use postpartum to avoid a mistimed or unintended pregnancy. Below is a brief summary of contraceptive options that are safe to use immediately after having a baby. We recommend that you review this list so that, with help from your physician at your follow-up visit, you can choose the method that is right for you. All of these methods are safe with breastfeeding, unless marked with asterisks.

LONG-ACTING REVERSIBLE CONTRACEPTION

For most women, it is usually recommended to wait at least 18 months between delivering a child and conceiving again, in order to give your body a chance to fully recover (however, depending on your situation, you and your physician may decide 12 to 15 months is long enough). During this interval between pregnancies, some of the most popular birth control methods are the long-acting reversible contraceptives (LARCs), because they have the highest efficacy and require the lowest maintenance. Once placed, LARCs are >99% effective and do not require you to do anything else to prevent pregnancy. Then, once you decide you are ready to conceive again, you have the device removed, and you may begin to ovulate within a few weeks.

Intrauterine Device (IUD): The intrauterine device (IUD) is a small, T-shaped device that can be placed in the uterus as soon as six weeks after delivery.

- **Copper IUD (Paragard):** This method has no hormones at all, and it is effective for up to 10 years. Most women will have their typical monthly menstrual cycles when using this IUD. Sometimes, their bleeding may be heavier and their periods may be more painful, but this tends to improve with time.
- **Progesterone IUD (Mirena):** This method releases a small amount of progesterone into the uterus, and it is effective for up to 5 years. Most women will NOT have their typical monthly menstrual cycles when using this IUD. Usually, women have irregular spotting and light bleeding; some women have no bleeding at all.

Contraceptive Implant (Nexplanon): The implant is a small, flexible rod (about the size of a matchstick) that can be placed under the skin of your inner upper arm any time after delivery. It releases a low, steady dose of progesterone into the body, and it is effective for up to 3 years. Most women will NOT have their typical monthly menstrual cycles when using this method. Usually, women have irregular light bleeding; some women have no bleeding at all.



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INJECTABLE BIRTH CONTROL (Depo-Provera): Injectable birth control is a progesterone-containing shot that is administered every 3 months. It is 94% effective. Bleeding while using this method is unpredictable (it may be frequent, infrequent, heavy, light, or absent), but it tends to stabilize over time. Sometimes the injection can last longer than 3 months, so you may wish to switch to another method approximately 6 months before you plan to discontinue birth control and try to conceive.

THE MINI-PILL (Progesterone-Only Pill): The mini-pill is a daily pill that contains progesterone only (no estrogen). It is 91% effective and must be taken at the *exact same time* every day. Unlike the classic birth control pill, if a dose is missed by as little as 3 hours, ovulation may occur. Most women use the mini-pill cyclically and experience a light menstrual cycle each month, but some choose to take it continuously to avoid any bleeding. You may begin to ovulate and thus conceive right after you discontinue the mini-pill.

*****COMBINED HORMONAL CONTRACEPTION*****

Combined hormonal contraceptives contain both estrogen and progesterone. They are the only birth control methods that are NOT recommended for breastfeeding mothers, as they can diminish breastmilk supply. They are 91% effective, and you may begin to ovulate and thus conceive right after you discontinue these methods.

Combined Oral Contraceptives (birth control pills): These are the traditional daily birth control pills that women tend to be most familiar with. Most women use them cyclically and experience a light menstrual cycle each month, but some choose to take them on an extended cycle (to have bleeding every 3 months) or continuously (to avoid any bleeding).

Contraceptive Patch (Xulane): Most women apply the patch weekly for 3 weeks, and then go 1 week without a patch to experience a light menstrual cycle. Some choose to apply the patch weekly in a continuous manner to avoid any bleeding.

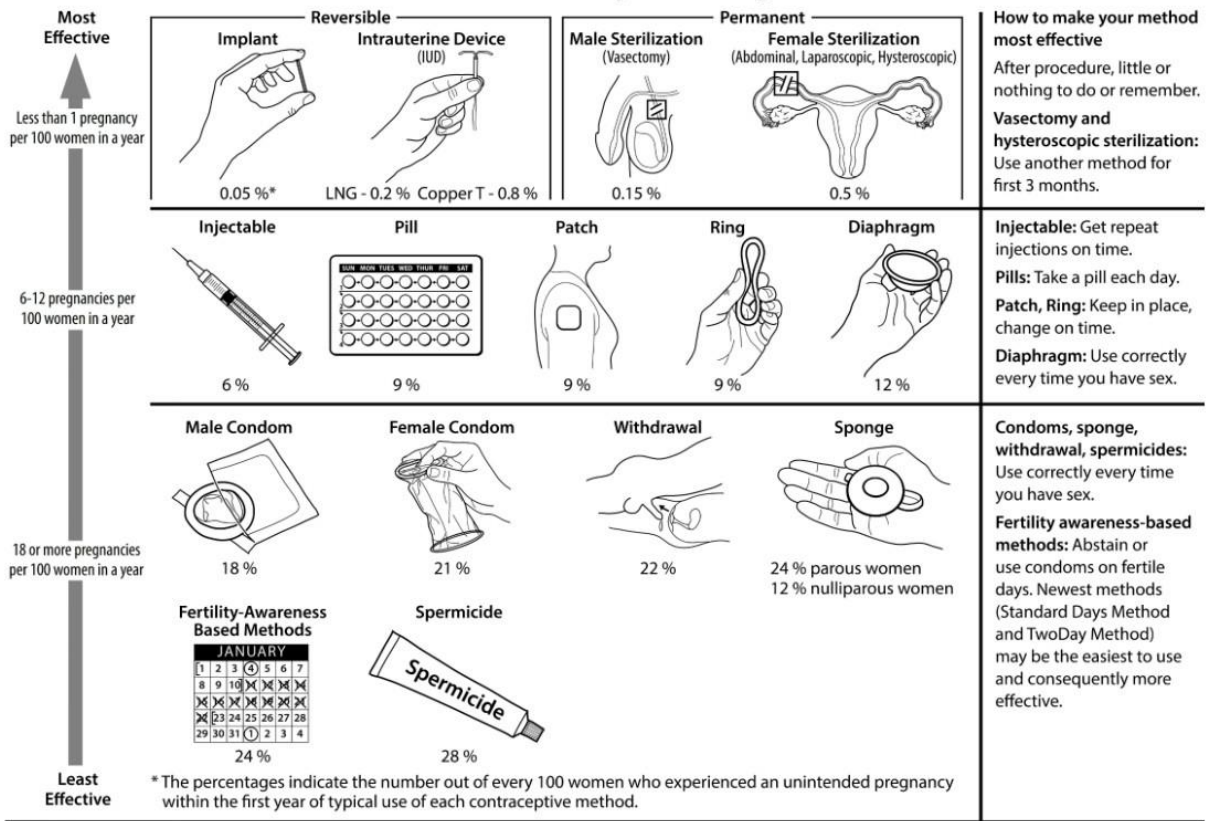
Vaginal Ring (Nuvaring): Most women keep the vaginal ring in place for 3 weeks and then go 1 week without the ring to experience a light menstrual cycle. Some choose to place a new vaginal ring every 3 weeks in a continuous manner to avoid any bleeding.

PERMANENT STERILIZATION: If you and your partner are 100% certain that you do not desire any other children, then you may be candidates for permanent sterilization. For women, this irreversible birth control method requires an outpatient gynecologic surgery to block, tie-off, cut, burn, or remove the fallopian tubes. For men, this irreversible birth control method requires an outpatient urologic procedure (i.e. vasectomy). If you are interested, please ask your physician your more details about sterilization options at your follow-up visit.



BARRIER METHODS: Male and female condoms are the only methods that also protect against sexually transmitted diseases (STDs). However, they are only 79-82% effective in preventing pregnancy, so they are therefore recommended to be used in combination with another contraceptive method above.

Effectiveness of Family Planning Methods



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CONDOMS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.

Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.

Adapted from World Health Organization (WHO) Department of Reproductive Health and Research, Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs (CCP). Knowledge for health project. Family planning: a global handbook for providers (2011 update). Baltimore, MD; Geneva, Switzerland: CCP and WHO; 2011; and Trussell J. Contraceptive failure in the United States. Contraception 2011;83:397-404.



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