



Contraception after pregnancy

If you do not want to conceive again soon after a pregnancy, or your doctor has advised you to delay your next pregnancy for medical reasons, it is important to choose an effective method of contraception. Contraception is also called birth control or family planning.

Every month, your ovaries release an egg. The semen released when a man ejaculates contains millions of sperm. It takes only one of these sperm to fertilise one of your eggs to begin a pregnancy. Using contraception reduces your risk of getting pregnant.

When should you start using contraception?

After pregnancy, you can become fertile without knowing, even before your period returns. If you plan to use contraception, in most cases, start using it within 3 weeks of your pregnancy ending. However, wait between 4 to 6 weeks if you want to use an IUD, and at least 6 weeks before you use a diaphragm.

What types of contraception work after a miscarriage or abortion?

All contraception options can be started immediately after a miscarriage or abortion, so long as you have no medical conditions that make your chosen option unsuitable.

It may be helpful to know that:

- if you have surgery for a miscarriage or abortion, an IUD or contraceptive implant can be inserted while you are under sedation
- if you have medical abortion, a contraceptive implant can be inserted, or contraceptive injection given before you start taking the tablets.

Selecting the right contraception for you

Contraception is a personal choice. When choosing your preferred method of contraception, it may be helpful to consider:

- whether you would like more children and if so when.
- whether you are breastfeeding.
- protection from sexually transmitted infections (STIs).
- your previous experiences with contraception.
- the benefits and side effects of each form of contraception.
- if you have any medical conditions and allergies.
- your desire for privacy. Would you prefer to use a method that cannot be detected by others?
- your cultural and/or religious beliefs.
- your ability to access appropriate health services such as IUD/implant insertion, preferences for practitioner gender, privacy, location.
- initial and ongoing costs.

Speak to your doctor, nurse or midwife for help deciding which contraception is right for you.

What types of contraception are safe to use after pregnancy?

There are many types of contraception considered safe to use after a pregnancy.

Contraceptive implant

The contraceptive implant is a small plastic rod placed under the skin of your upper arm. It slowly releases a low dose of the hormone progestogen, which stops your ovaries releasing an egg each month.

- A local anaesthetic is used to insert the implant. This can be done in hospital after pregnancy, before going home.
- Many users notice a change to their period. Around 20 percent of users will have no bleeding at all (which is safe for the body), and another 20 percent can have frequent or prolonged bleeding which may improve with time.
- Other common side effects may include headache, skin changes, weight gain, and sore breasts. These often will improve with time.
- It lasts for 3 years and can be easily removed by a doctor or nurse.
- Once removed, it won't stop you from getting pregnant.

Intrauterine device (IUD)

An IUD is a small contraceptive device placed in your uterus. It stops sperm from reaching and fertilising an egg. It also changes the lining of your uterus, so a fertilised egg won't stick to it. There are two kinds of IUD:

Copper IUD

- A non-hormonal IUD that lasts for 5 to 10 years.
- It may make your periods heavier. For most users, periods are about 50 percent heavier.

Hormonal IUD

- An IUD containing a low dose of the hormone progestogen, which lasts for 5 years.

- It may make your periods lighter or stop them completely. After 6 months of use, around 95 percent of users will have a light regular period or no bleeding at all (which is safe for the body).
- Side effects such as acne, weight gain, headache and mood changes can occur in a small number of users. These are generally less common than with other hormonal contraceptives, as the IUD works mainly where it is placed in the uterus.
- Common side effects for all IUDs, particularly in the first 6 months of use, can include pelvic cramping or pain, and irregular periods.
- It is safe to have an IUD inserted at the end of a caesarean. Otherwise, it is generally recommended to wait at least 4 to 6 weeks after childbirth. It can be done without a general anaesthetic.
- It can be easily removed by a doctor or nurse.
- It won't stop you from getting pregnant after it is removed.

Contraceptive injection

Depot medroxyprogesterone acetate (DMPA) is a long-acting progesterone hormone injection that is given every 12 weeks. It stops the ovaries from releasing an egg each month. It also thickens the mucus around the cervix (the entrance to your uterus) to stop sperm from entering the uterus.

- It can be given in hospital after pregnancy, before you go home.
- Some users notice a change in their period, which can be lighter or irregular. About 50 percent of users will have no period after one year of use.
- Common side effects can include headache, skin changes, sore breasts, or mood changes. These often will improve with time.
- If you plan to continue using it for contraception you will need to see your GP for your next doses.
- Once you stop the injection, your fertility returns within months.

Long-acting reversible contraception (LARC)

LARCs such as contraceptive implants, IUDs and contraceptive injections are safe and highly effective over several years. They are reversible and have no long-term effects on your fertility.

Oral contraceptive pills

There are two main types of contraceptive pills. They must be swallowed around the same time every day and can be very good at preventing pregnancy when used correctly.

Combined oral contraceptive pill (COCP)

The COCP has two hormones (oestrogen and progestogen) that stop the ovaries releasing an egg each month and thickens the mucus in your cervix.

- Periods usually become lighter, more regular and less painful. Using the COCP may also reduce acne.
- Common side effects can include nausea, sore breasts, bloating and headaches. These usually improve in the first months of use.
- It is generally not recommended in the first six weeks after childbirth if you are breastfeeding, as it may reduce your milk supply.

Progestogen-only pill ('mini pill')

This pill has only one hormone and changes the mucus at your cervix so that sperm cannot pass through to fertilise the egg.

- Many users notice a change to their period. It may be lighter or heavier, become irregular, or may stop.
- Common side effects can include sore breasts, headaches, mood changes and skin changes. These usually improve with time.
- It is safe to use while breastfeeding.

The Progestogen-only pill is less effective if you are not exclusively breastfeeding.

Vaginal ring

This is a soft plastic ring with two hormones (oestrogen and progestogen) that stops the ovaries from releasing an egg each month, and thickens the mucus around the cervix to prevent sperm from entering the uterus.

- Users can insert the vaginal ring themselves, like a tampon. It then stays in place for 3 weeks and usually does not cause any discomfort. After 3 weeks, you need to take it out and wait 7 days before inserting a new vaginal ring.
- Your period usually happens a few days after the ring is removed. It can be lighter, more regular and less painful.
- Common side effects can include increased vaginal discharge, nausea, sore breasts, headaches, bloating, skin changes and mood changes. These often settle with time.

Barrier contraception

These are forms of contraception that work as a barrier to prevent sperm from passing into the vagina, through the cervix and into the uterus where pregnancy occurs.

Forms of barrier contraception that can be used after pregnancy include:

- male condom.
- female condom.
- diaphragm.

Wait until at least 6 weeks after pregnancy before using a diaphragm as the size of the diaphragm needed may change as the uterus returns to its normal size.

Barrier contraception is widely available at chemists and supermarkets without needing a prescription. It can also be used to prevent STIs. However, it is less effective than other forms of contraception as it must be used correctly to work and can break.

Natural methods of contraception

These methods help you identify the days you are fertile, so that you can avoid sex on these days.

Natural methods of contraception include:

- the calendar (rhythm) method.
- cervical mucus method.
- temperature method.

These methods take practice before you can use them accurately and are best when your periods are regular. Because your periods may not return for several months, these methods have a higher chance of failing after childbirth and during breastfeeding.

Sterilisation

It is possible to have a simple operation for permanent contraception. Sterilisation (tubal ligation, 'tying your tubes') involves blocking or removing the fallopian tubes to stop the egg travelling from your ovaries to your uterus.

- The operation is permanent. It is only suitable if you do not want any more children ever again.
- It is mostly performed through laparoscopy (keyhole surgery) as a day surgery procedure, although it can sometimes be done at the time of a caesarean.

Breastfeeding and contraception

Breastfeeding may work as contraception by delaying the return of your periods. However, it is only effective if **all** the following points apply:

- your baby is younger than 6 months old.
- your periods have not returned.
- you are exclusively breastfeeding your baby on demand, night and day.
- there are no intervals of more than 6 hours between each breastfeed.

Once your baby stops exclusively breastfeeding, this method is no longer effective, and you should use another form of reliable contraception.

Some forms of contraception are not recommended if you are breastfeeding, and your baby is under 6 weeks old.

These include:

- the combined oral contraceptive pill. This can reduce your supply of breastmilk.
- the vaginal ring. This can reduce your supply of breastmilk.
- emergency contraception with ulipristal acetate. It can be excreted in breastmilk, and its effects on infants are unknown.

Can you use emergency contraception after pregnancy?

If you have had sex without contraception, or had trouble with your usual method (e.g., broken condom, missed pills), you can take emergency contraception to prevent pregnancy. It is not 100 percent effective in preventing pregnancy but is most effective the sooner it is taken after unprotected sex.

Emergency contraception pills are sometimes called the 'morning after pill' but they do not have to be taken in the morning.

There are two types of available from the chemist, with no prescription:

- **ulipristal acetate:** can be taken up to 120 hours (5 days) after unprotected sex. It is not recommended if you are breastfeeding as it is excreted in breastmilk and the effects on infants are not known.
- **levonorgestrel:** can be taken up to 72 hours (3 days) after unprotected sex. It is safe to use while breastfeeding.

The IUD is also highly effective for emergency contraception when inserted up to five days after unprotected sex.

- It is safe to use from 4 weeks after childbirth and while breastfeeding.
- Only a trained healthcare provider can insert an IUD.
- Once inserted, it provides ongoing contraception for 5 or 10 years depending on the type.

Family Violence Support

1800Respect

Support for people impacted by sexual assault, domestic or family violence and abuse.

1800 737 732 (24 hour support service)

1800respect.org.au

Do you need an interpreter?



If you need an interpreter, you can ask for one.

A condom is always a good idea

No matter what contraception you choose, using a condom is the only way to protect yourself against sexually transmitted infections (STIs).

One of the most common STIs in Australia is chlamydia. If left untreated, chlamydia can lead to infertility.

Using a condom every time you have sex is your best protection against HIV/AIDS and other STIs. Other contraception will not protect you against sexually transmitted infections.

For more information

- Your local doctor (GP)
- Your local chemist/pharmacist

1800 My Options

1800 696 784

1800myoptions.org.au

Sexual Health Victoria

1800 013 952

shvic.org.au

Women's Medicines Information Service

(03) 8345 3190

drug.information@thewomens.org.au

Related information from the Women's

To learn more about your contraception options or to download a fact sheet, visit our website. Information is also available in a range of languages.

thewomens.org.au/contraception

Disclaimer: This fact sheet provides general information only. For specific advice about your healthcare needs, you should seek advice from your health professional. The Royal Women's Hospital does not accept any responsibility for loss or damage arising from your reliance on this fact sheet instead of seeing a health professional. If you require urgent medical attention, please contact your nearest emergency department.

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