

View this article online at: patient.info/sexual-health/contraception-methods/contraception-after-having-a-baby

Contraception after having a baby

Until your baby is 21 days old you cannot become pregnant. After that you will need contraception. There are many choices of contraception after birth available.

When can I start using contraception after giving birth?

Contraception after birth should be discussed during your pregnancy and again soon after giving birth. If you do not wish to become pregnant again, contraception will be needed after your baby reaches the age of 21 days. There are many choices available for women. If you feel your family might be complete, long-acting methods or sterilisation should be discussed. If you want to have more children soon, choose an option that is easily stopped.

When will I be fertile again?

The time for fertility to return is very variable between women. It is important not to take any risks, if you do not want to become pregnant again. Therefore, you should decide on the type of contraception you are going to use as soon as possible after birth, or even during your pregnancy – your midwife can discuss this with you. You will need contraception from 21 days after your baby is born.

Your periods usually return about four to ten weeks after your baby's birth if you are bottle-feeding, or combining breast and bottle. If you are breastfeeding then your periods may not start until much later. For some women this might be after you have stopped breastfeeding.

How soon can I have sex again?

You can have sex as soon as you and your partner feel ready to. Some people find it takes a while to feel ready, both physically and emotionally. If you have had stitches, these are usually dissolvable so will not need removing. If you are having any discomfort from these then you should see your doctor or midwife. Some women find they need to use some vaginal lubricant if they feel more dry than normal.

Where can I get contraception from?

If you had your baby in hospital, you might have discussed contraception with your midwife before you were discharged home. You will also be asked about contraception at your six-week (or eight-week) postnatal check. You can discuss it at any time with your health visitor, midwife, GP or local family planning clinic. In some areas, the clinics that used to be called 'family planning' are now called 'CaSH' (contraception and sexual health).

Is breastfeeding an effective contraceptive?

When you breastfeed, a hormone called prolactin is produced by your body, which stimulates the production of your milk. Prolactin also blocks the release of the hormones which make you produce an egg. This means that you are less likely to become pregnant whilst you are breastfeeding.

You can use [breastfeeding \(the lactation amenorrhoea method\)](#) for contraception if you are:

- Fully breastfeeding, meaning:
 - Your baby is not having any solids or any other liquid; **or**
 - You are nearly fully breastfeeding – you are mainly breastfeeding and only giving your baby other liquids very infrequently.
 - You are feeding at least every four hours during the day and at least every six hours at night;
- AND not having periods.
- AND six months or less since having your baby.

Fewer than 2 women in every 100 using this will become pregnant within those six months. This is less reliable than some other methods - for example, the implant for which only one woman in every 2,000 will become pregnant per year. This method becomes even less reliable once you start dropping feeds, particularly night feeds. When you stop fully (or nearly fully) breastfeeding, you can become pregnant. Many women decide to use some contraception in addition to breastfeeding, to reduce their risk of an unplanned pregnancy. There are methods available that will not affect your ability to produce milk.

How effective is contraception?

All the methods of contraception listed below are effective but none is 100% reliable. Reliability of each method is written in terms of how many failures there are for each 1,000 women using it. For example, between 2 and 60 women in 1,000 women using the contraceptive injection for a year will become pregnant. When no contraception is used, more than 800 in 1,000 sexually active women become pregnant within one year.

The effectiveness of some methods depends on how you use them. You have to use them properly or they are less effective. For example, 3 women in 1,000 using the 'pill' perfectly for a year will become pregnant. Nearer to 90 women in 1,000 using the pill normally or typically (ie **not** perfect usage) will become pregnant. Examples of 'not perfect use' might be missing a pill or being sick (vomiting). In these situations it becomes less effective. Other 'user-dependent' methods include barrier methods, the progestogen-only pill (POP) and natural family planning, which has a very high failure rate of around 240 women in 1,000.

Some methods are not so 'user-dependent' and need to be renewed only infrequently or never. These methods include the contraceptive injection, contraceptive implant, intrauterine contraceptive devices (IUCDs), and sterilisation.

What are the different methods of contraception?

When you choose a method of contraception after birth you need to think about:

- How effective it is.
- Possible risks and side-effects.
- Plans for future pregnancies.
- Personal preference.
- Whether or not you are breastfeeding.
- If you have a medical condition, or take medicines that interact with the method.

The types of contraception after birth can be divided into short-acting, long-acting and permanent. If you are planning on having another baby in the next year or so then you should consider a short-acting contraceptive.

See the separate leaflets on each method for more details.

Short-acting contraceptives

Combined oral contraceptive (COC) pill

The COC is often just called 'the pill'. It can be started from 21 days after the birth if you are not breastfeeding, although a woman who starts at three weeks is at a slightly higher risk of blood clots than one starting at six weeks. Previous guidance stated that you should not use combined hormonal contraceptive (CHC) methods until your baby is 6 months old, if you are breastfeeding. This was because it was thought to affect your milk supply. Research has shown this is not the case; breastfeeding women can now start any method of CHC at six weeks. Generally, if you wish to use CHC methods such as the pill, patch or vaginal ring, the benefits to you will outweigh the risks. This is however not the case for some women - for example, those with a strong family history of blood clots, or who have a particular type of migraine called migraine with aura. Your healthcare professional can assess your individual risk and advise you on whether it is safe to use CHC.

Progestogen-only pill (POP)

The POP used to be called the 'mini-pill'. It is commonly taken, especially if CHC methods are not suitable, such as in breastfeeding women if their baby is less than 6 weeks old, smokers over the age of 35 and some women with migraine.

The POP can be started immediately after the birth. It is safe for women who are breastfeeding. Studies have shown that a very small amount of the hormone can be present in breast milk but that it does the baby no harm.

Contraceptive patch

This contains the same hormones as the COC, but [in patch form](#). It is as effective as the COC pill at preventing pregnancy. It can be started from 21 days after the birth if you are bottle-feeding, although this carries a slightly higher risk of blood clots than starting at six weeks. It may be used after six weeks when you are breastfeeding, as the benefits generally outweigh the risks.

The contraceptive vaginal ring

The [contraceptive vaginal ring](#) is a flexible plastic ring which you put into your vagina. It contains similar hormones to those in the COC pill. It can be used from 21 days after your baby is born if you are bottle-feeding although this carries a slightly higher risk of blood clots than starting at six weeks. You may be able to use this method after six weeks if you are breastfeeding, as the benefits generally outweigh the risks.

Barrier methods

These include [male condoms](#), the [female condom](#), [diaphragms and caps](#). They prevent sperm entering the womb (uterus). You can use male and female condoms as soon as you feel ready to have sex after your baby is born. If you are concerned about sexually transmitted infections then it is always sensible to use a barrier method as well as any hormonal contraception.

Natural contraceptive methods

[Natural family planning involves fertility awareness](#). There is a great variation in how effective it is because it depends on the user doing it right. There are various apps that can be used to assist with natural family planning.

The lactation amenorrhoea method is a suitable form of contraception for the first six months after having a baby, if you are only breastfeeding and do not have a period. 2 women in 100 will conceive during those six months using this method.

Long-acting contraceptives

These are more suitable forms of contraception for women who do not want to get pregnant again or for a few years.

Contraceptive injection

The [contraceptive injection](#) contains a progestogen hormone which slowly releases into the body. It is very effective and can be started immediately after the birth.

Contraceptive implant

The [contraceptive implant](#) is a small device placed under the skin. Each implant lasts three years. The implant can be inserted immediately after the birth of your baby.

Intrauterine contraceptive device (IUCD)

The [IUCD](#) is a small device made of plastic and copper which is put into the womb. It lasts 5-10 years, depending on the type. An IUCD can be inserted in the first two days after giving birth, or four weeks after giving birth. The risks of inserting one between two days and four weeks after giving birth generally outweigh the benefits. It can be inserted in the delivery room after a normal delivery, or in the operating theatre after a caesarean section.

Intrauterine system (IUS)

The [IUS](#) is a plastic device that contains a progestogen hormone. It is put into the womb, and lasts for either three, five or six years, depending on the brand used. An IUS can be inserted in the first two days after giving birth, or four weeks after giving birth. The risks of inserting one between two days and four weeks after giving birth generally outweigh the benefits. It can be inserted in the delivery room after a normal delivery, or in the operating theatre after a caesarean section.

Sterilisation – a permanent method of contraception

This involves an operation. It is very effective but this can vary from surgeon to surgeon. Male sterilisation (vasectomy) stops sperm travelling from the testes. [Female sterilisation](#) prevents the egg from travelling along the Fallopian tubes to meet a sperm. These methods are often used when your family is complete. You should be sure of your decision, as they are difficult to reverse and the NHS will not usually fund reversal. The failure rate of female sterilisation is 5 per 1,000 per year and the failure rate of male sterilisation is 1.5 per 1,000 per year.

If you have your baby by caesarean section, the surgeon may sometimes sterilise you at the same time. This is only done if you are very sure of your decision. Or you can return later when you and your partner have decided. Sterilisation at the time of caesarean section carries a slightly higher risk of failure than sterilisation at any other time.

Can I still use emergency contraception after birth?

[Emergency contraception](#) can be used at any time if you had sex without using contraception. Also, if you had sex but there was a mistake with contraception. For example, a split condom or if you missed taking your usual contraceptive pills.

There are two types of emergency contraception:

- **An IUCD** – inserted by a doctor or nurse, this can be used for emergency contraception up to five days after unprotected sex, or up to five days after the likely date of making an egg (ovulation) if you are sure of your cycle dates. It can be used from four weeks after the birth of your baby. This is the most effective method of emergency contraception.

- **Emergency contraception pills.** An emergency contraception pill works either by preventing or postponing ovulation or by preventing the fertilised egg from settling in the womb (uterus). They can be used at any time after the birth of your baby. You take it as one single pill. There are two types of emergency contraceptive pills:
 - Levonelle® must be used within 72 hours (three days) of unprotected sex. It can be used when you are breastfeeding. It can be bought at pharmacies or prescribed by a doctor.
 - EllaOne® can be used up to 120 hours (five days) after having unprotected sex. You should not breastfeed for a week after using ellaOne®. It can be prescribed by your doctor or at a family planning clinic. You must not start any other form of hormonal contraception within five days of taking EllaOne®, or the EllaOne® is more likely to fail.

You will not need emergency contraception if you have unprotected sex within 21 days of having your baby. You cannot get pregnant so soon after childbirth.

Further reading

- [Contraceptive Choices for Young People](#); Faculty of Sexual and Reproductive Healthcare (2010 – updated May 2019)
- [Trussell J](#); Contraceptive failure in the United States, *Contraception*, 2011
- [Progestogen-only implants](#); Faculty of Sexual and Reproductive Healthcare (Feb 2021 – Updated July 2023)
- [Long-acting reversible contraception \(update\)](#); NICE (September 2014, last updated July 2019)
- [Progestogen-only Injectable Contraception Clinical Guidance](#); Faculty of Sexual and Reproductive Healthcare (December 2014, amended 2020)
- [Male and female sterilisation](#); Faculty of Sexual and Reproductive Healthcare (September 2014)
- [Progestogen-only Pills](#); Faculty of Sexual and Reproductive Healthcare (August 2022, amended November 2022)
- [Intrauterine Contraception](#); Faculty of Sexual and Reproductive Healthcare Clinical Effectiveness Unit (March 2023 – last updated July 2023)

- [UK Medical Eligibility Criteria Summary Table for intrauterine and hormonal contraception](#); Faculty of Sexual and Reproductive Healthcare, 2016 – amended September 2019
- [Fertility Awareness Methods](#); Faculty of Sexual and Reproductive Healthcare (June 2015 – updated November 2015)
- [CEU Clinical Guidance: Emergency Contraception](#); Faculty of Sexual and Reproductive Healthcare (March 2017 – updated July 2023)
- [CEU Clinical Guidance: Contraception After Pregnancy](#); Faculty of Sexual and Reproductive Healthcare (January 2017, amended October 2020)
- [Contraception for Women Aged over 40 Years](#); Faculty of Sexual and Reproductive Healthcare (2017 – amended July 2023)
- [Best practice in postpartum family planning](#); Royal College of Obstetricians and Gynaecologists (June 2015)
- [Contraception – assessment](#); NICE CKS, January 2024 (UK access only)

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Egton Medical Information Systems Limited has used all reasonable care in compiling the information but makes no warranty as to its accuracy. Consult a doctor or other healthcare professional for diagnosis and treatment of medical conditions. For details see our [conditions](#).

<p>Last updated by: Dr Toni Hazell 20/04/2022</p>	
<p>Peer reviewed by: Dr Colin Tidy, MRCGP 20/04/2022</p>	<p>Next review date: 19/04/2027</p>

View this article online at: patient.info/sexual-health/contraception-methods/contraception-after-having-a-baby

Discuss Contraception after having a baby and find more trusted resources at [Patient](#).



To find out more visit www.patientaccess.com
or download the app



Follow us

