



Postpartum Birth Control

It is important to use birth control in the weeks after childbirth. A good time to choose the birth control method you will use after pregnancy is while you are still pregnant. There are many birth control methods to choose from. Many methods can be started right after you have your baby.

This pamphlet explains

- why **postpartum** birth control is recommended
- what to consider when choosing a postpartum birth control method
- different methods available for use
- benefits, risks, and side effects of each method

Why Postpartum Birth Control Is Recommended

If you are not using a birth control method, it is possible to become pregnant very soon after having a baby. If you are not breastfeeding, **ovulation** may occur within a few weeks of childbirth. If you are breastfeeding, ovulation may be delayed, but it usually returns by about 6 months. Once ovulation occurs, you can become pregnant again. For most women, ovulation occurs 2 weeks before their period starts. This means that you can get pregnant even if you have not yet had a menstrual period.

Using a birth control method in the weeks after you have a baby (the postpartum period) helps you avoid an unintended pregnancy and lets you plan your family.

Many experts recommend waiting at least 18 months between pregnancies before having another baby.

To help prepare for the postpartum period, you may want to choose the birth control method you plan to use while you are still pregnant. Some methods can be started right away—even before you leave the hospital.

Choosing a Postpartum Birth Control Method

When choosing a birth control method to use after you have a baby, think about the following:

- **Timing**—Some birth control methods can be started right after childbirth. With other methods, you need to wait a few weeks to start (see Table 1).

Table 1. Birth Control Methods for the Postpartum Period

<i>Effectiveness</i>	<i>Method</i>	<i>OK With Breastfeeding?</i>	<i>How Soon Can You Start It?</i>
Less than 1 pregnancy per 100 women per year	Sterilization	Yes	<i>Postpartum sterilization:</i> Can be done right after childbirth. <i>Laparoscopic sterilization:</i> Can be done as a separate procedure after childbirth. <i>Hysteroscopic sterilization:</i> Can be done 3 months after childbirth; need to use another method until a test shows that tubes are blocked (typically 3 months after the procedure).
	Implant	Yes	Can be inserted right after childbirth.
	Intrauterine device (IUD)	Yes	Can be inserted right after childbirth.
6–12 pregnancies per 100 women per year	Injection	Yes	Can be started right after childbirth.
	Combined hormonal methods	Yes, after breastfeeding is established (usually 4–6 weeks after childbirth)	Can be started 3 weeks after childbirth if you are not breastfeeding and have no additional risk factors for deep vein thrombosis (DVT); can be started 4–6 weeks after childbirth if you are breastfeeding and have no additional risk factors for DVT.
	Progestin-only pills	Yes	Can be started right after childbirth.
	Diaphragm	Yes	Wait 6 weeks after giving birth to use the diaphragm, when the uterus and cervix have returned to normal size. If you used a diaphragm before, you must be refitted after giving birth.
18 or more pregnancies per 100 women per year	Condom	Yes	Can be used at any time after childbirth.
	Cervical cap	Yes	Wait 6 weeks after giving birth to use the cervical cap, when the uterus and cervix have returned to normal size. If you used a cervical cap before, it needs to be refitted after giving birth.
	Sponge	Yes	Wait 6 weeks after giving birth to use the sponge, when the uterus and cervix have returned to normal size.
	Spermicide	Yes	Can be used at any time after childbirth.

- **Breastfeeding**—All methods are safe to use while breastfeeding. Only a few methods are not recommended during the first weeks of breastfeeding because there is a very small risk that they can affect your milk supply.
- **Effectiveness**—The method you used before pregnancy may not be the best choice to use after pregnancy. For example, the sponge and cervical cap are much less effective in women who have given birth.

While you are still pregnant, you also may want to ask your insurance provider about coverage for the method you want to use after your baby is born.

Intrauterine Device

The intrauterine device (IUD) is a small, T-shaped device that your *obstetrician–gynecologist (ob-gyn)* or other health care professional inserts into your uterus.

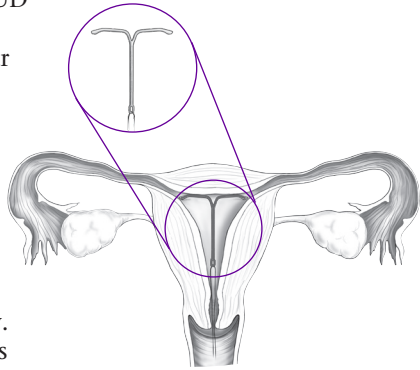
IUDs usually can be inserted right after a vaginal or *cesarean delivery* or at your first postpartum health care visit. There are two types: 1) hormonal IUDs, which release a small amount of *progestin* into the uterus and are approved for up to 3–5 years of use, and 2) the copper IUD, which releases a small amount of copper into the uterus and is approved for up to 10 years of use. Both work mainly by stopping the egg and sperm from joining (*fertilization*).

Benefits

- IUDs do not interfere with sex or daily activities and, once inserted, you do not have to do anything else to prevent pregnancy.
- The hormonal IUD may decrease menstrual pain and heavy menstrual bleeding.

Possible Risks and Side Effects

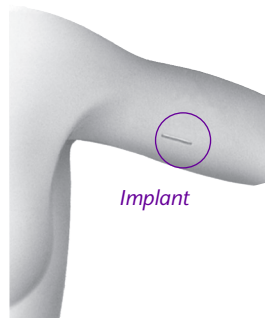
- The IUD may come out of the uterus. This happens in about 5% of users in the first year of using the IUD. It is more common for the IUD to come out of the uterus when it is inserted right after delivery. However, the advantages of inserting the IUD right after delivery may still outweigh this risk for many women. Serious complications from using an IUD, such as infection or injury, are rare.
- The copper IUD may increase menstrual pain and bleeding or cause bleeding between periods, mainly in the first few months of use. This usually decreases within 1 year of use.
- The hormonal IUD may cause spotting and irregular bleeding in the first 3–6 months of use. For many women using the hormonal IUD, menstrual bleeding stops completely. Other side effects include headaches, nausea, depression, and breast tenderness.



Intrauterine device

Implant

The birth control implant is a single flexible rod about the size of a matchstick that is inserted under the skin in your upper arm. You can have the implant inserted immediately after a vaginal or cesarean delivery. It releases progestin into the body and is approved for up to 3 years of use.



Implant

Benefits

- It does not interfere with sex or daily activities. Once it is inserted, you do not have to do anything else to prevent pregnancy.
- Almost all women are able to use the implant.

Possible Risks and Side Effects

- The implant may cause unpredictable bleeding, including heavier periods, lighter periods, lack of periods, longer periods, infrequent periods, or bleeding between periods. Bleeding patterns improve over time for most women. In some women, menstrual bleeding stops completely.
- Other common side effects include mood changes, headaches, acne, and depression.

Injection

The birth control injection contains a type of progestin called depot medroxyprogesterone acetate (DMPA). It works by preventing ovulation. Your ob-gyn or other health care professional will give you a shot of DMPA in your arm or buttock every 3 months. You can get your first shot right after a vaginal or cesarean delivery.



Benefits

- It does not interfere with sex.
- Almost all women are able to use the injection.

Possible Risks and Side Effects

- **Bone loss** may occur with use of the injection. When the injections are stopped, some, if not all, of the bone that was lost is gained back.
- It should not be used if you have multiple risk factors for **cardiovascular disease**.
- It may cause irregular bleeding, which usually decreases with each injection; headaches; or weight gain (less than 5 pounds on average).

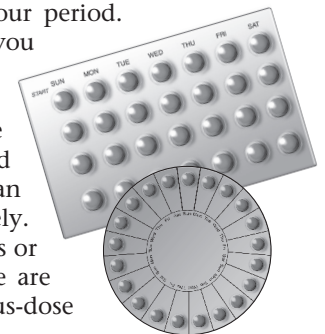
Combined Hormonal Methods

Birth control pills, the vaginal ring, and the patch are combined hormonal birth control methods. They contain **estrogen** and progestin and work mainly by preventing ovulation. With these methods, you need to remember to do one of the following:

- Take a pill each day
- Insert a vaginal ring every 21 days
- Apply a skin patch every week for 3 weeks

With pills, depending on the brand, there is a week or a few days when you take no pills or take pills that are not active (do not have hormones). During this time, you will have your period.

With the patch or ring, you will have your period during the fourth week, when no patch or ring is used. The ring and pill also can be used continuously so that you can skip your periods completely. You need to have extra rings or extra pills to do this. There are a few brands of continuous-dose pills that can be prescribed.



Birth control pills

Benefits

- They do not interfere with sex.
- They may make your period more regular, lighter, and shorter; reduce cramps; improve acne; reduce menstrual migraine frequency; and reduce unwanted hair growth.

Possible Risks and Side Effects

- During the postpartum period, women have a higher risk of developing blood clots in veins located deep in the body. This condition is called **deep vein thrombosis (DVT)**. Combined hormonal methods increase the risk of DVT even further. If you have no additional risk factors for DVT, avoid using these methods during the first 3 weeks after childbirth.
- There is a very small risk that the estrogen in these methods can affect your milk supply if you are breastfeeding. You should avoid these methods for the first 4–6 weeks after childbirth, until breastfeeding is established.
- Combined methods have been linked to a small risk of stroke and heart attacks. They are not recommended if you are older than 35 years and smoke; have high blood pressure or a history of stroke, heart attack, or DVT; have a history of migraine headaches with **aura**; have certain medical conditions; or have breast cancer or a history of breast cancer.
- Side effects may include **breakthrough bleeding**, headaches, breast tenderness, and nausea.

Progestin-Only Pill

Progestin-only birth control pills contain just progestin. They work mainly by preventing fertilization of the egg by the sperm. They must be taken at the exact same time each day. If you miss a pill by more than 3 hours, you will need to use a back-up method for the next 48 hours.

Benefits

- They do not interfere with sex.
- They may reduce menstrual bleeding or stop your period altogether.

Possible Risks and Side Effects

- Progestin-only pills should not be used if you have breast cancer or a history of breast cancer. They are not recommended if you have certain medical conditions.
- Side effects include headaches, nausea, and breast tenderness.

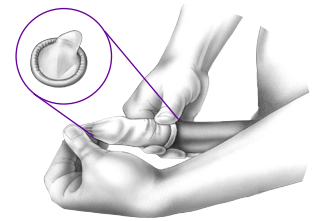
Barrier Methods

Barrier methods include spermicide, male and female condoms, the diaphragm, the cervical cap, and the sponge. Barrier methods work by preventing the man's sperm from reaching the woman's egg.

The cervical cap, diaphragm, and sponge can be used starting 6 weeks after childbirth, when the uterus and cervix have returned to normal size. If you used a diaphragm or cervical cap before childbirth, you should be refitted after childbirth. The sponge and cervical cap are much less effective in women who have given birth.

Benefits

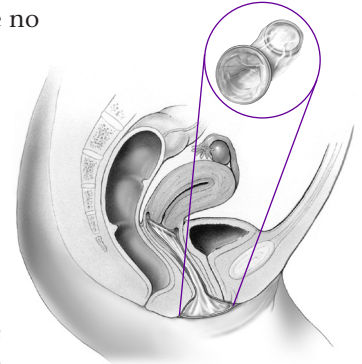
- Condoms are the only birth control method that protect against **sexually transmitted infections (STIs)**.
- Condoms, spermicide, and the sponge can be bought over the counter.
- Barrier methods have no effect on a woman's natural hormones.



Male condom

Possible Risks and Side Effects

- Spermicides can cause vaginal burning and irritation. Some people are allergic to spermicide and may have a reaction. Frequent use of spermicides (such as every day) can increase the risk of getting **human immunodeficiency virus (HIV)** from an infected partner.
- Women who are allergic to latex, polyurethane, or sulfites may have a reaction to some of these methods.
- The diaphragm can increase the risk of urinary tract infections.



Female condom

Lactational Amenorrhea Method

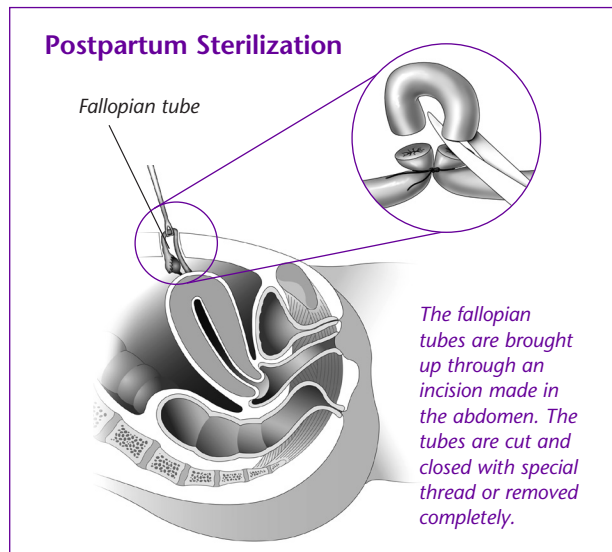
The **lactational amenorrhea method (LAM)** is a temporary method of birth control based on the natural way the body prevents ovulation when a woman is breastfeeding. It requires exclusive, frequent breastfeeding. The time between feedings should not be longer than 4 hours during the day or 6 hours at night. LAM may not be practical for many women.

Benefits

- It is a natural form of birth control.
- It does not cost anything.

Possible Risks and Side Effects

- LAM can be used for only 6 months after childbirth or until your period returns.
- It is unclear whether pumping breast milk decreases the effectiveness of LAM.
- There are no health risks or side effects to using LAM.



Sterilization

Sterilization is permanent birth control. In women, sterilization is performed by closing off or removing the fallopian tubes. Sterilization is more than 99% effective.

There are several ways female sterilization can be performed:

- **Postpartum sterilization** is performed soon after delivery while you are still in the hospital. An incision is made in the abdomen. **Anesthesia** is used. If you have a cesarean delivery, it can be done through the same incision. Some hospitals do not offer sterilization. It is a good idea to check beforehand if you are interested in this option.
- **Laparoscopic sterilization** can be done as a separate procedure several weeks after you have your baby. It uses a device called a **laparoscope**. Very small incisions are made in your abdomen.
- **Hysteroscopic sterilization** can be done starting 3 months after childbirth. A **hysteroscope** is inserted into the uterus through the vagina, and small devices are placed into both fallopian tubes. Scar tissue grows to block the tubes. It takes 3 months after the procedure before you can rely on it as your only method of birth control. You need to have a test to check that the tubes are blocked. Altogether, you will need to use another method of birth control for at least 6 months after childbirth if you choose this method.

Vasectomy is an option for your male partner. It is an easier and safer procedure to perform than female sterilization. It takes about 2–4 months for the **semen** to become totally free of sperm. A couple must use another method of birth control or avoid sexual intercourse until a sperm count confirms that no sperm are present.

Benefits

- Sterilization is a permanent method of birth control. Once you have it done, you do not need to use any other birth control method.
- Sterilization procedures have a low risk of complications.

Possible Risks and Side Effects

- There is a small risk of infection and bleeding with female and male sterilization.
- You should be sure that you no longer want to become pregnant again in the future. If you change your mind later, attempts to reverse it are not guaranteed to work.

Finally...

As you near your final weeks of pregnancy, start thinking about which method of postpartum birth control is best for you. There are many highly effective methods available by prescription or over the counter. Sterilization also is an option. Talk with your ob-gyn or other health care professional about your options, and plan to have your choice available after giving birth.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Aura: A sensation or feeling, such as flashing lights, a particular smell, dizziness, or seeing spots, experienced just before the onset of certain disorders like migraine attacks or epileptic seizures.

Bone Loss: The gradual loss of calcium and protein from bone, making it brittle and more likely to fracture.

Breakthrough Bleeding: Vaginal bleeding at a time other than the menstrual period.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cesarean Delivery: Delivery of a baby through surgical incisions made in the woman's abdomen and uterus.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Estrogen: A female hormone produced in the ovaries.

Fertilization: Joining of the egg and sperm.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

Hysteroscope: A device that is used to look inside the uterus and to do procedures.

Hysteroscopic Sterilization: A sterilization procedure in which the opening of each fallopian tube is blocked with scar tissue formed by the insertion of small implants, preventing sperm from entering the fallopian tubes to fertilize an egg.

Lactational Amenorrhea Method (LAM): A temporary method of birth control that is based on the natural way the body prevents ovulation when a woman is breastfeeding.

Laparoscope: An instrument that is inserted through a small incision to view internal organs or to perform surgery.

Laparoscopic Sterilization: Sterilization that is performed by laparoscopy, a type of surgery that uses slender instruments inserted through small incisions in the abdomen.

Obstetrician–Gynecologist (Ob-Gyn): A physician with special skills, training, and education in women’s health.

Ovulation: The release of an egg from one of the ovaries.

Postpartum: A term that generally refers to the first weeks or months after pregnancy.

Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.

Progestin: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

Sexually Transmitted Infection: An infection that is spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Semen: The fluid made by male sex glands that contains sperm.

Vasectomy: A method of male sterilization in which a portion of the vas deferens is removed.

This Patient Education Pamphlet was developed by the American College of Obstetricians and Gynecologists. Designed as an aid to patients, it sets forth current information and opinions on subjects related to women’s health. The average readability level of the series, based on the Fry formula, is grade 6–8. The Suitability Assessment of Materials (SAM) instrument rates the pamphlets as “superior.” To ensure the information is current and accurate, the pamphlets are reviewed every 18 months. The information in this pamphlet does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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American College of Obstetricians and Gynecologists
409 12th Street, SW
PO Box 96920
Washington, DC 20090-6920