



CONTRACEPTION

CONTRACEPTION: POST PARTUM

Keywords: postnatal contraception, contraception, birth control, breastfeeding, implant, Depo, lactational amenorrhoea, condoms, post partum contraception, diaphragm, POP, implanon, depo provera, mirena, contraception after childbirth, contraception after baby

This guideline should be used in conjunction with the KEMH Clinical Guidelines: Contraception, which contains information regarding individual contraception methods.

AIM

- To provide information on the different choices for postnatal contraception.

KEY POINTS

1. All postnatal women should be offered counselling regarding contraception prior to discharge. Contraceptive information is also offered in third trimester antenatal visits.¹
2. Postnatal women should be advised of available services to provide contraception counselling, provision of services, and how to access appointments. These include General Practitioner services, community Sexual & Reproductive Health Services, and the Family Planning Clinic at KEMH.
3. Although no contraception is required within 21 days after birth, women who are **not breastfeeding** should be advised to use contraception by 21 days postpartum should they wish to avoid risk of pregnancy.²
4. All methods of contraception are considered suitable for women who are not breastfeeding as long as there are no contraindications for that method and adequate individual contraceptive time periods have been followed.²

BACKGROUND

Postpartum choices for contraception depend on the woman's preferences, sexual activity resumption, cultural practices, breastfeeding and medical factors.² If progestogen only contraceptives are used <3 weeks postpartum, heavy irregular bleeding may occur.³ Combined oral contraceptives (COC) should be delayed until 21 days postpartum due to increased thrombosis risk.³ If possible, avoid using COC when breastfeeding as oestrogens may decrease milk supply.³

The earliest date of ovulation after birth is considered to be 28 days, with sperm survival up to 7 days.² Therefore fertility contraception is not required before 21 days postpartum.^{2, 3}

Breastfeeding women have a delay of the resumption of ovulation due to prolactin induced inhibition of pulsatile gonadotropin releasing hormone. This results in lactational amenorrhoea for around the first 6 months postpartum if the woman is fully breastfeeding.²

CONTRACEPTION FOR BREAST-FEEDING WOMEN

Contraception	Breastfeeding Suitability	Additional Information
Lactational amenorrhoea (LAM)	Yes	The criteria for LAM with postnatal women is: <ul style="list-style-type: none"> • remaining amenorrhoeic postpartum • less than 6 months since giving birth • the baby is fully breastfed (no artificial feeds, supplements or solids) • If women follow this criteria there is less than a 2% risk of conceiving during the first 6 months post birth.³ See also SRHWA Fertility Awareness Methods (2010, p.3)
Condoms	Yes	Can be used immediately. ³ No effect on breastfeeding. ³ See also KEMH guideline Barrier Methods & SRHWA: Male and Female Condoms
Diaphragms and cervical caps	Yes	Can be used 6 weeks after birth when vaginal tone returns. ³ Vaginal diaphragm manufacture has been largely discontinued, although there are 'one size fits all' styles such as the Caya diaphragm available through some pharmacies. Cervical caps in varying sizes are irregularly available on-line but there is no consistency of style or product. See KEMH guideline Barrier Methods & SRHWA Diaphragms
Progestogen Only Pill (POP)	Yes	Can be commenced anytime in breastfeeding women, ⁴ although no fertility contraception is required within 21 days after birth ² and POP may cause heavy irregular bleeding during this time. ³ See also SRHWA Progestogen Only Pill
Combined Oral Contraceptive Pill (COCP)	<ul style="list-style-type: none"> • <6 weeks: No² • >6 months: Yes • 6 wks-6 mths: See notes. 	Combined hormonal methods have a detrimental effect on the volume of breast milk under 6 weeks ^{3, 5} 6weeks-6 months: Yes if breastfeeding <1/2; Not recommended if fully/almost fully breastfed ² See also SRHWA Combined Oral Contraceptive Pill

Contraception	Breastfeeding Suitability	Additional Information
Implanon® - Etonorgestrel Implant	Yes	This progestogen implant can be inserted anytime from delivery. ^{2, 6} If >21 days postpartum and the woman is amenorrhoeic, exclude pregnancy. ² Where it is considered appropriate, the risks and benefits of insertion prior to the postnatal discharge can be discussed with the woman. See also- KEMH: Implanon Insertion & SRHWA: Contraceptive Implant
Depot medroxy-progesterone acetate (DMPA) Depo-Provera® & Depo-Ralovera®	Yes	Progestogen only injection. Can be commenced anytime postpartum, ² however the World Health Organization does not recommend < 6 weeks postpartum unless other more appropriate methods are unavailable or unacceptable. ⁶ Exclude pregnancy if starting >21 days. ² See also SRHWA Contraceptive Injection
Intrauterine Devices (IUD) Mirena® Levonorgestrel IUD, or Copper (Cu-IUD)	Yes	Unless the IUD can be inserted within 48 hours postpartum, it should be left until 4 weeks after childbirth (& exclude pregnancy). ⁶ If inserted early after birth, patient education and early follow up may help to identify spontaneous expulsions. ¹ Note: It is recommended to insert after >4 weeks (usually >6 weeks) postpartum due to the increased risk of perforation. ³ During lactation take care with insertion as there may be a slight increase in uterine perforation risk. ³ Mirena® contraception is effective within 7 days, and Cu-IUDs are effective immediately. ^{2, 3} See also SRHWA Intrauterine Devices

CONTRACEPTION FOR NON-BREASTFEEDING POSTNATAL WOMEN

All methods of contraception are suitable for women who choose not to breastfeed. Different postpartum commencement times are appropriate for different contraceptives. Women who do not breastfeed should be advised to commence contraception from 21 days postpartum should they prefer to avoid pregnancy.²

Refer to individual KEMH clinical guidelines in Obstetrics & Gynaecology:
Contraception for contraindications and when to commence the different types of
contraception post-partum.

REFERENCES / STANDARDS

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National Standards – 1- Care Provided by the Clinical Workforce is Guided by Current Best Practice
4- Medication Safety

Legislation -

Related Policies – KEMH Clinical Guidelines: O&G: Contraception:

- Barrier Methods
- Progestogen Only Pill
- Combined Oral Contraceptive Pill
- Implanon & Implanon Insertion
- Depo-Provera
- Intrauterine Devices (IUD)

Other related documents –

- SRHWA (General Information Sheets): [Contraception Choices](#); [Fertility Awareness Methods](#); [Male and Female Condoms](#); [Progestogen Only Pill](#); [Combined Oral Contraceptive Pill](#); [Contraceptive Implant](#); [Contraceptive Injection](#); [Intrauterine Devices](#)
- SRHWA (Health Professionals): [Contraception Essentials](#)
- WHO (2015) [Medical Eligibility Criteria Wheel for Contraceptive Use](#)

RESPONSIBILITY

Policy Sponsor	Nursing & Midwifery Director OGCCU
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