

Family Planning After Pregnancy: Common Questions



Sex After Childbirth

Avoid putting anything into the vagina for 4-6 weeks after the birth. This includes sex. You should also think about your birth control options in advance so you are prepared once you resume sex.

Spacing Between Pregnancies

Spacing pregnancies is important. It gives your body time to heal and recover. It is safest to wait at least 6 months to become pregnant again. Waiting up to 18 months may be best. Waiting reduces your risk of a baby delivered early or with a low weight.

Is breast/chest feeding birth control?

Breast/chest feeding can be birth control. Breast/chest feeding is birth control when ALL of the following are true:

- 1) You are feeding baby directly from your breast (not pumping);
- 2) Feeding is around-the-clock without gaps in time (at least every 4 hours);
- 3) You do not need to give your baby anything other than breast milk (no formula or other food);
- 4) You stop bleeding within 6 weeks of delivery and you do not get periods;
- 5) Your baby is younger than 6 months old.

Even when all of these are true, up to 9 out of 100 will still become pregnant without another method of birth control. **Pumping may be even less effective for birth control.**

What if I have sex without birth control?

You may get pregnant even if you are breast/chest feeding. If you have sex without any birth control or the birth control method did not work (for instance, the condom broke during sex), you can use emergency birth control. You can get emergency birth control in a pill form or as an IUD. You must take the pills or insert the IUD within 5 days of having unprotected sex. Both methods are safe to use while breast/chest feeding.

Where can I get emergency birth control?

The IUDs work best as emergency birth control and they must be placed by your provider. All emergency birth control pills can be prescribed by your provider. You can also buy one type of pill (Plan B One-step) at any pharmacy without a prescription. This method is less effective if you weigh over 180lbs or have a Body Mass Index (BMI) over 25. You can discuss these options with your health care provider.



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After delivery, when can I start birth control?

You can start each method at your 6-week postpartum visit. Many methods can even be started before you leave the hospital after delivery. If you choose to breast/chest feed your baby, some methods may affect milk supply.

Birth control methods that may affect milk supply:

Birth control methods that contain estrogen may reduce milk supply. These include:

- estrogen + progesterone birth control pills
- the vaginal ring
- the skin patch

There is a low chance that the arm implant (Nexplanon), the birth control shot (Depo Provera), and hormonal IUDs could affect milk supply when started before the milk supply is established.

Nexplanon and the birth control shot (Depo Provera) likely have less effect on milk supply when started at **6 weeks or later**. Nexplanon can be removed if you have a large drop in milk supply. The Depo Provera shot cannot be removed. In the rare

event that it causes a drop in milk supply, its effect cannot be reversed.

Birth control methods that do not affect milk supply:

Methods that do not contain hormones will have to no effect on milk supply. These options include:

- copper IUD
- tubal sterilization
- vasectomy
- condoms

Progesterone-only birth control pills and hormonal IUDs placed at 6 weeks or later do not affect milk supply.

How does sterilization work?

For You:

Tubal sterilization, also known as “tubal ligation” or having your “tubes tied,” is permanent and cannot be reversed. It can be done by removing a portion of the fallopian tubes or removing the full tubes. This prevents the egg from joining the sperm. Removing the full tubes works best to prevent future pregnancy. It may even reduce the risk of ovarian cancer. The procedure is performed through a small incision under the belly button. If you had a cesarean birth, it can be done through that incision.

You should only choose this if you are certain you never want to be pregnant again.

If you have Medicaid insurance, you must be at least 21 years old and sign a consent form for sterilization 30 days before the date of the procedure. The consent form expires after 180 days. If you want to have this done while you are in the hospital for delivery, you should sign this

consent form when you are between 20 weeks and 32 weeks pregnant.

It is okay to change your mind and decide you do not want the procedure after signing the consent form. Tubal sterilization also requires a written consent to be signed on the day of the procedure. The doctor will confirm you still want this procedure before it is done.

For Your Partner:

Vasectomy is a method of sterilization that prevents pregnancy by blocking the path sperm take to leave the body. After a vasectomy, your partner can still ejaculate fluid, called semen, but, the semen will not have any sperm in it. Your partner will have a follow-up test in 3 months to make sure the semen does not have any sperm in it. This procedure is permanent, and it may not work if a doctor tries to reverse it. Your partner should talk to their primary provider about this option.

Family Planning after Pregnancy

Family planning and birth control is an important part of health. We encourage you to use the “worksheet” to help you identify what is important to you, and to help communicate those priorities to your providers. As your providers, we want to partner with you, so that you are able to make the right choice for you. We can give you more information on any of the methods.

Options Without Hormones	Sterilization: Tubal or Vasectomy	Copper IUD	Condoms	Exclusive Breast/Chest Feeding	Fertility Awareness Method (No Breastfeeding)
How is it used?	Both are operations. Vasectomies are performed by primary care providers or urologists.	Placed in uterus in clinic or hospital after birth	<u>Internal Condom:</u> Insert into vagina before you have sex <u>External Condom:</u> Place on penis before you have sex	Only breast/chest feeding (no food or formula) for first 6 months + no period	Track your menstrual cycle and changes to your body every day
How do you stop it?	Permanent	Clinic removal	Stop using	Stop exclusive feeding or get a period or your baby is older than 6 months	Stop using
How long does it last?	Permanent	Up to 10 years	Single use for each episode of sex	Up to 6 months after the birth	As long as you track it
How long does it take to stop working?	Permanent	Immediately after removal	Immediately after stopping use	Less than 3 months	Immediately after stopping tracking
Risk of pregnancy (out of 100) in 1 year	Less than 1	Less than 1	Greater than 10	Between 1 and 9	Greater than 10
Will it decrease milk supply?	No	No	No	No	No
What are common side effects/risks/benefits?	Small incision site scars; surgical risks; risk of regret	Small infection risk the 2 weeks after placement; falling out or wrong position; cramps and irregular bleeding for days to weeks after insertion, improves over time	Irritation/allergy	Many health benefits for you and baby. May cause dry vagina, painful sex.	None
What impact does it have on periods/bleeding?	No changes	Heavier or crampier, timing unchanged	No changes	You don't get a period once delivery bleeding stops (if you do, method is not working)	No changes
Protects against most sexually transmitted infections?	No	No	Yes	No	No

Options With Hormones	Progesterone IUD	Arm Implant	Shot	Ring	Patch	Estrogen + Progesterone Pills	Progesterone Pills
How is it used?	Placed in uterus in clinic or hospital after birth	Implanted in your arm in clinic or hospital after birth	Injected in arm or butt in clinic or hospital after birth, and every 3 months	Place a ring in the vagina that you change monthly	Wear a patch that you change weekly	Take a pill every day	Take a pill every day
How do you stop it?	Clinic removal	Clinic removal	Stop receiving, wait to wear off	Stop using	Stop using	Stop taking	Stop taking
How long does it last?	Up to 3-8 years	Up to 3 years	3 months	As long as you use it	As long as you use it	As long as you take it	As long as you take it
How long does it take to wear off?	Less than 3 months after removal	Less than 3 months after removal	3-12 months	Less than 3 months	Less than 3 months	Less than 3 months	Less than 3 months
Risk of pregnancy (out of 100) in 1 year	Less than 1	Less than 1	Between 1 and 4	Between 1 and 9	Between 1 and 9	Between 1 and 9	Between 1 and 9
Will it decrease milk supply?	Low risk right after birth; no risk after 6 weeks	Low risk right after birth; lowest after 6 weeks	Low risk right after birth, lowest risk after 6 weeks. Some have increased milk if given after 72 hours	Moderate risk of decreasing milk supply			No
What are common side effects/risks/benefits?	Cramps and irregular bleeding for days to months after insertion, improves over time; falling out or wrong position; small infection risk the 2 weeks after placement; decreased risk ovarian/uterine cancer	Temporary arm bruise; very rare serious harm to arm; tiny scar; decreased risk ovarian/uterine cancer	Reversible bone thinning; increased appetite-> weight gain; hair changes; breast/chest tenderness; nausea; mood changes; headache; decreased risk ovarian/uterine cancer	Rare clot in leg or chest; rare stroke; hair changes; breast/chest tenderness; nausea; mood changes; headache; decreased risk ovarian/uterine cancer	Skin irritation at patch site; rare clot in leg or chest; rare stroke; hair changes; breast/chest tenderness; nausea; mood changes; headache; decreased risk ovarian/uterine cancer	Rare clot in leg or chest; rare stroke; hair changes; breast/chest tenderness; nausea; mood changes; headache; decreased risk ovarian/uterine cancer	Hair changes; breast/chest tenderness; nausea; mood changes; headache; decreased risk ovarian/uterine cancer
What impact does it have on periods/bleeding?	No period or irregular/light; heavy bleeding rare			Monthly, lighter, less cramps			Variable (period or no period, irregular/light)
Protects against most sexually transmitted infections?	No	No	No	No	No	No	No