

Overview

Why is postpartum birth control recommended?

If you are not using a birth control method, it is possible to get pregnant very soon after having a baby. 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.

How soon does ovulation start 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 get pregnant again. Ovulation usually occurs 2 weeks before your [menstrual period](#) starts. This means that you can get pregnant even if you have not yet had a period.

When should I choose a postpartum birth control method?

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. Some can be started even before you leave the hospital.

How do I choose 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.
- **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 after you give birth.

Intrauterine Device (IUD) and Implant

What is an IUD?

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 can be inserted right after a vaginal or [cesarean birth](#) or at your first postpartum health care visit.

There are two types of IUDs:

- The hormonal IUD releases a small amount of [progestin](#) into the uterus and is approved for up to 3 to 8 years of use, depending on the type you get.
- The copper IUD 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](#)).

What are the benefits of an IUD?

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

What are the possible risks and side effects of an IUD?

- The IUD may come out of the uterus. This happens in about 5 in 100 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. Serious complications from using an IUD, such as infection or injury, are rare.
- The hormonal IUD may cause spotting and irregular bleeding in the first 3 to 6 months of use. The hormonal IUD often causes menstrual bleeding to stop completely. Other side effects include headaches, nausea, [depression](#), and breast tenderness.
- 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.

What is a birth control 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 birth. It releases progestin into the body and is approved for up to 3 years of use.

What are the benefits of an implant?

- The implant 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.

What are the possible risks and side effects of an implant?

- The implant may cause unpredictable bleeding. Your periods may be heavier, lighter, or longer. Some users experience lack of periods, infrequent periods, or bleeding in between periods. In some cases, menstrual bleeding stops completely.
- Other common side effects include mood changes, headaches, acne, and depression.

Combined Hormonal Methods: Pills, Ring, and Patch

What are combined hormonal methods?

[Birth control pills, the vaginal ring, and the patch](#) are birth control methods that contain [estrogen](#) and progestin. They work mainly by preventing ovulation. Depending on the method, 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 may be 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 can also be used continuously so that you can skip your periods completely. There are a few brands of continuous-dose pills that can be prescribed.

What are the benefits of combined hormonal methods?

These methods do not interfere with sex. They may also

- reduce cramps and make your period more regular, lighter, and shorter
- improve acne
- reduce menstrual migraine frequency

- reduce unwanted hair growth

What are the possible risks and side effects of combined hormonal methods?

- During the postpartum period, there is 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 and you are not breastfeeding, you can start using these methods 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 to 6 weeks after childbirth, until breastfeeding is established.
- Combined hormonal methods have been linked to a small risk of stroke and heart attacks. They are not recommended if you
 - smoke and are older than 35
 - 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
 - have breast cancer or a history of breast cancer
- Side effects may include [breakthrough bleeding](#) , headaches, breast tenderness, and nausea.

Progestin-Only Methods: Pills and Injection

What is the 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. With most types of these pills, you need to use a back-up birth control method for 48 hours if you miss a pill by more than 3 hours. Progestin-only pills can be started right after childbirth.

What are the benefits of the progestin-only pill?

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

What are the possible risks and side effects of the progestin-only pill?

- Side effects include headaches, nausea, and breast tenderness.
- 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.

What is the birth control injection?

The [birth control injection](#) contains a type of progestin called depot medroxyprogesterone acetate (DMPA). It works by preventing ovulation. Your 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 birth.

What are the benefits of the injection?

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

What are the possible risks and side effects of the injection?

- [Bone loss](#) may occur with use of the injection. When injections are stopped, some, if not all, of the bone that was lost is gained back. Any bone loss that occurs is not likely to increase the risk of bone fracture.
 - The injection should not be used if you have multiple risk factors for [cardiovascular disease](#).
 - The injection may cause irregular bleeding, headaches, or slight weight gain.
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Barrier Methods: Condoms, Spermicide, Diaphragm, Cervical Cap, and Sponge

What are barrier methods?

[Barrier methods](#) include [spermicide](#), condoms, the diaphragm, the cervical cap, and the sponge. Barrier methods work by preventing sperm from reaching an egg.

Condoms and spermicide can be used at any time after childbirth. 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 after you give birth.

What are the benefits of barrier methods?

- 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 your natural hormones.

What are the possible risks and side effects of barrier methods?

- 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.
- People 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 \(UTIs\)](#).

Lactational Amenorrhea (Breastfeeding as Birth Control)

What is the lactational amenorrhea method (LAM)?

Lactational amenorrhea method (LAM) is a temporary method of birth control based on the natural way the body prevents ovulation when you are 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 everyone.

What are the benefits of LAM?

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

What are the possible risks and side effects of LAM?

- There are no health risks or side effects to using LAM.
- This method 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.

Remember that this method requires exclusive, frequent breastfeeding to be effective.

Sterilization

What is sterilization?

Sterilization is a permanent method of birth control. In women, sterilization is performed by closing off or removing the [fallopian tubes](#). Sterilization is more than 99 percent effective.

How is sterilization done?

There are several ways female sterilization can be performed:

- Postpartum sterilization is done 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 birth, 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.

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

Read [Sterilization for Women and Men](#) to learn more.

What are the benefits of sterilization?

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

What are the possible risks and side effects of sterilization?

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

Glossary

Anesthesia: Relief of pain by loss of sensation.

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

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

Breakthrough Bleeding: Vaginal bleeding that happens in between regular periods.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cervix: The lower, narrow end of the uterus at the top of the vagina.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

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

Depression: Feelings of sadness for periods of at least 2 weeks.

Egg: The female reproductive cell made in and released from ovaries. Also called the ovum.

Estrogen: A female hormone produced in the ovaries.

Fallopian Tubes: Tubes through which an egg travels from the ovary to the uterus.

Fertilization: A multistep process that joins the egg and the sperm.

High Blood Pressure: Blood pressure above the normal level. Also called hypertension.

Hormones: Substances made in the body that control the function of cells or organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system. If left untreated, HIV can cause acquired immunodeficiency syndrome (AIDS).

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: A thin, lighted telescope that is inserted through a small incision (cut) in the abdomen to view internal organs or to perform surgery.

Menstrual Period: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovulation: The time when an ovary releases an egg.

Postpartum: Related to the weeks following the birth of a child.

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

Sexual Intercourse: The act of the penis of the male entering the vagina of the female. Also called "having sex" or "making love."

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

Sperm: A cell made in the male testicles that can fertilize a female egg.

Spermicide: Chemicals (creams, gels, foams) that inactivate sperm.

Urinary Tract Infection (UTI): An infection in any part of the urinary system, including the kidneys, bladder, or urethra.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vasectomy: A permanent birth control method for men. In this procedure, a portion of the tube that carries sperm is removed.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

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