



## Contraception after Pregnancy during the Covid Pandemic

GG&C recognises that the pandemic is causing additional pressures on many patients and services.

Contraception may not be the first thing on your mind at the moment. However after pregnancy, fertility can occur as early as 21 days and many unplanned pregnancies happen within the first few months after childbirth. You can become pregnant before your periods return.

Many methods can be safely started straight after pregnancy; there is no need to wait until your first period or until your postnatal check.

In breastfeeding patients, it can be more difficult to predict when fertility returns and there are many contraceptive options that are safe when breastfeeding.

We would like to offer and arrange for contraception to be provided for your discharge from hospital to reduce your need to attend your GP or sexual health clinic.

Ideally, we would like you to make a plan before birth, while you have some time to consider your options.

**Please read this leaflet with a summary of options available and ask your midwife or doctor for advice. We will ask you, at a later visit, if you have made your choice and we will record this choice in your medical record.**

**There are a number of websites shown below that you may find useful sources of information.**

<https://www.sandyford.scot/sexual-health-services/contraception/after-having-a-baby/>

<https://www.sandyford.scot/professionals/clinical-guidance/postpartum-contraception-information/>

<https://www.contraceptionchoices.org/>

<https://www.fpa.org.uk/sites/default/files/contraception-after-having-baby-your-guide.pdf>

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## Recommended Contraception Options for Discharge

### Long Acting Reversible Contraception- most effective

**Implant (Nexplanon)** is a progestogen implant that lasts for **3 years** and is inserted just under the skin of your upper arm. It can be performed in the ward before your discharge. It is 99.95% effective. It can be removed at any time and fertility will return immediately.

**Injection or 'Jag' (Depoprovera)** is a progestogen injection that is given into your buttock or arm before you go home which lasts for 13 weeks. It can be continued by your GP. This is the only method of contraception that may cause a delay in return to fertility by up to 1 year. It is 94% effective.

### Short Acting Reversible Contraception- less effective and requires daily use

**Progestogen only pill (Cerelle)** is a progestogen only pill. It should be taken every day and can be started as soon as you leave hospital. We plan to give you a 12 week supply and your GP can continue this for you. It is 91% effective.

*All of the above methods are safe during breastfeeding. They are also safe for the majority of women even those with risk factors such as high blood pressure or migraine. Speak to your midwife, nurse or doctor.*

*One of the common side effects of progesterone only methods is irregular bleeding. This will often settle with time to light infrequent periods.*

Patient info 15/05/2020

## Other options

### Breastfeeding

On its own breastfeeding is not a reliable method of contraception unless the following criteria are met.

1. Fully breastfeeding day and night (no bottle feeding or dummies).(Breaks between feeds of more than 4 hours during the day or 6 hours at night will increase your chance of pregnancy)
2. Baby is less than 6 months old
3. You have not had your first period

However, if the following criteria are all met it can be effective for up to 6 months after birth: It is also known as lactation amenorrhoea. In practice breast feeding fails as a contraceptive for 24 in 100 women

**Condoms** are useful for prevention of sexually transmitted infection. On their own, they have a higher chance of pregnancy and are only 82% effective. They can be used any time after delivery and will be available at discharge from hospital

## Other Options (continued)

### Sterilisation at Planned Caesarean Section

We perform tubal ligation, also known as tying the fallopian tube, which stops the sperm from meeting the egg. We have always had strict criteria as the procedure is permanent and irreversible. We will only do this when it has been discussed and decided well in advance of the operation. We will continue to offer this option under the usual criteria.

**Combined Hormonal Contraceptive (CHC)** This pill (also patches or vaginal ring) contains both oestrogen and progestogen and is traditionally taken for 21 out of 28 days with a break producing a regular bleed.

It should not be started until 21 days after delivery at the earliest. For some women with risk factor for blood clots in vessels, this should be delayed until 6 weeks after delivery. If you are breastfeeding it should also be delayed for 6 weeks. The combined pill is a safe option for many women particularly if you have taken it successfully before, and you are in good health. It is 91% effective.

There are, however, a number of circumstances where it may be best avoided. Amongst other [s](#), these include high blood pressure, migraine, being overweight and smoking (if you are over 35). For these reasons we do not supply combined contraception from the

hospital. If this is your preferred option, we will ask your GP to prescribe it, when you need it, on your discharge letter.

### Intrauterine contraception (Coil)

There are non-hormonal (copper) and progestogen containing coils both of which are very effective. We can offer insertion at Caesarean delivery. There is an increased risk of the coil being expelled (falling out) after childbirth. In our pilot 13 out of 100 women had a coil that came out. The Sandyford (Sexual Health) Clinic will contact you for follow up on the phone when you are 4 weeks postnatal. If you are able to feel the threads in the vagina, you can rely on the coil for contraception. If you can't feel the threads, you will be advised to use additional methods of contraception until you can attend an appointment at the Sandyford clinic- to ensure that the coil is in the correct position and can be relied on for contraception. Any women experiencing problems related to their coil can be seen more urgently.

### Questions for your midwife, nurse or doctor?

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