



Patient Information

Options for post birth contraception at MKUH



Introduction

Contraception may be the furthest from your mind at the moment, however your body can potentially release an egg 3 weeks after birth of a baby. So there could be another positive pregnancy test in only 4 weeks post birth!

We know that spacing your pregnancies is beneficial to you (time to recover, as well as reduced complications in the next pregnancy) and to your baby who will grow better and for longer (reduced chance of having a smaller baby or preterm birth) if their mother has completely recovered.

We now offer postnatal contraception at Milton Keynes to help space your pregnancies; below gives you information on what is on offer – further information can be found at www.contraceptionchoices.org. Do ask your midwife or doctor for more information or let them know whether you would like to take up any of these types of contraception.

Options: - information on each method

Safe with breastfeeding	If NOT breastfeeding -
1. Progesterone only pill	1-3 see across
2. Progesterone depot injection	4. Combined oral contraceptive pill
3. Progesterone implant	

You can also use barrier protections ie condoms – however these are only 85% effective but good for preventing Sexual transmitted infections (STDs)

Options if you are having a PLANNED Caesarean birth	All of the above 1-4 (depending on breastfeeding)
	5. Coil insertion – either non hormonal (copper coil) or Progesterone hormone coil (Mirena IUS)
	6. Sterilisation

Breastfeeding as a form of contraception

If you only breast feed your baby and do not 'top up' with formula, you may have no periods for up to 6 months. This is called *lactational amenorrhoea*. Some women use this as a form of contraception as eggs may not be released. It may **not** be reliable, however particularly if you express milk or give formula or have longer than 4 hours between feeds, as your ovary may release an egg. It will no longer be reliable if you have any bleeding.

Details about each contraception option:

1. Progesterone only pill ('mini-pill')

These contain a progesterone hormone which thickens the mucus in the cervix stopping sperm. You have to take 1 tablet every day without a break, at roughly the same time every day.

With correct use, these are 99% effective at preventing pregnancy, however with typical use (forgetting tablets, not taking on time) – this can fall to 91%. They can also help with heavy or painful periods as they are often shorter and lighter. You shouldn't take these if you have breast cancer.

2. Progesterone injections

These single injections contain a large dose of progesterone hormone and provide 99% effectiveness for 12 weeks as they stop eggs being released. Once you have had an injection, you don't need another for 13 weeks – but must remember to re-book for your next one otherwise you may become pregnant. These can make your periods more irregular, or they may stop completely.

These shouldn't be used if you have breast cancer.

3. Progesterone implant

This is a thin flexible rod placed under the skin of your arm, which releases progesterone. It is one of the most effective forms of contraception being 99% effective as it will stop eggs being released. This provides contraception for 3 years, then you have it removed. It can make your periods more irregular, but usually lighter and less painful. Some medicines can make the implant less effective eg those on epilepsy medicines, HIV or TB medicines. It can't be used if you have breast cancer.

4. Combined oral contraceptive pill

The 'pill' is usually taken daily for 3 weeks followed by a 7 day break. It contains both oestrogen and progesterone and stops eggs being released from the ovary. This will make your periods light and regular. This should only be started 6 weeks post birth, due to the increased chance of a blood clot in post birth period.

This **CANNOT** be used if breastfeeding.

This type of pill may also not be suitable for those with high chance of blood clots, or smokers.

Choices at a Caesarean section 5 & 6

5. Coil insertion

Coil Insertion at Caesarean is highly effective however is associated with a 5% chance of expulsion ('falling out'), for this reason before you rely on this as contraception, you will need to have the strings checked with your GP at your routine 6-8 week postnatal check. Once the strings are confirmed the contraception is working.

Copper coil

The coil is a small flexible copper containing device which is put into the uterus at the time of a Caesarean. It is suitable for most women and can last 10 years.

It is 99% effective at preventing pregnancy, however can make your periods more heavy and painful. Should you become pregnant, there is a slightly higher change of an ectopic pregnancy (pregnancy in the Fallopian tube)

Mirena coil

The coil is a small flexible progesterone containing device which is put into the uterus at the time of a Caesarean. It is suitable for most women and can last 5 years. It is 99% effective for preventing pregnancy and can make your periods lighter and less painful. Should you become pregnant, there is a slightly higher change of an ectopic pregnancy (pregnancy in the tube)

6. Bilateral tubal ligation (sterilisation)

This is a surgical procedure where the fallopian tubes are cut and tied to provide permanent contraception. It is irreversible. It is 99% effective, however 1 in 200 woman still can become pregnant, there is a higher chance of an ectopic pregnancy (pregnancy in the tube). It has no effect on your periods.

If you have had multiple Caesarean births, we may not be able to get to the tubes, and may not be able to provide this surgical procedure. We will tell you after the operation before discharge.

How do I access postnatal contraception?

It is good to discuss with your midwife/ doctor before birth especially if you would like a coil insertion or sterilisation at your Caesarean.

If you are decided on a method after a vaginal birth – discuss this with your midwife on ward 9, before discharge

The progesterone only pill can be started in hospital and a 3 month supply can be given to you on discharge (desogestrel 75 mcg once a day)

If you would like the progesterone injection, please tell your midwife or doctor on the postnatal ward as this can be given before discharge

If you would like the progesterone implant, please tell your midwife as we can insert this prior to discharge if there is a trained person available on that day.

You can also access through your GP OR

iCash in Central Milton Keynes icash.nhs.uk - telephone number 0300 300 3030

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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