

Contraception After Having a Baby

This leaflet is for individuals considering their contraceptive choices after having a baby

Contraception is used to prevent pregnancy. This may be the last thing on your mind after having your baby, however many unplanned pregnancies occur in the first few months after childbirth, so even if you are not interested in sex right now, it is best to be prepared.

When can I start having sex again?

You can have sex as soon as you and your partner both want to. Everyone is different, so don't feel pressured or worry about it if you don't feel ready right now. Having a baby causes many physical and emotional changes for both partners and it may take some time before you feel comfortable or ready to have sex.

When can I start using contraception?

It is best to have started contraception by three weeks after your baby is born (but the sooner the better). Waiting at least 1 year after giving birth before getting pregnant again can help you have a healthier pregnancy and birth, reducing the risk of complications such as an early birth or a very small baby.

Your midwife will discuss contraception with you during one of your antenatal visits so that you can have your contraception ready to start as soon as you have your baby. Staff in the hospital or community, your GP or local sexual health clinic are all places you can get advice about contraception.

What methods are available to me?

Read this leaflet to get more detailed information about each method and a better idea of what might suit you.

Contraceptive Options

There are many safe and effective options, and contraceptive choice depends on your personal preference as well as your medical history, whether you are breastfeeding and future fertility plans.

Contraceptive effectiveness largely depends on whether it is taken correctly. The most effective methods are those that don't require a person to remember to take it regularly. These methods are commonly referred to as "long-acting methods of contraception" (or "LARC") and include:

- The hormonal intrauterine system (IUS)
- Copper intrauterine device (IUD)
- The contraceptive implant
- The contraceptive injection

There are other methods available that are effective providing they are taken correctly:

- The progestogen only pill (1 hormone)
- The combined contraceptive pill, patch or vaginal ring (2 hormones)
- Condoms

Each method is discussed individually in this leaflet, with typical and perfect effectiveness figures provided.

- **'Perfect' use** refers to if a method is taken correctly.
- **'Typical' use** refers to the average use taking into account mistakes (such as a missed pill) interfering illnesses or medication.

If a method is quoted as 99% effective, this means that out of 100 women having sex using this method for one year, one woman will get pregnant.

Contraception and breastfeeding

When you are breastfeeding, most contraceptive options do not affect your baby or your supply of milk. Combined contraceptive methods are the only method that should be slightly delayed.

Breastfeeding is not a reliable method of contraception. However, you are less likely to get pregnant if:

- Your baby is less than six months old and
- Your periods have not come back and
- You are fully breastfeeding day and night with no bottle feeds at all.

If you have problems with breastfeeding or milk supply, you should contact the your midwife or health visitor for advice.

Hormonal intrauterine device (LNG-IUD)

The hormonal intrauterine device (LNG-IUD) is a small, T-shaped device placed into your uterus (womb). It releases a small amount of hormone, called progestogen, which prevents sperm from getting through the cervix into the uterus and meeting an egg. It may give you lighter or no periods.

Advantages

- Lasts for up to 5-6 years
- It can be fitted at the same time as a Caesarean birth
- More than 99% effective (both perfect and typical use)
- It can be removed easily, with a quick return to fertility
- Very low dose of a safe hormone
- Periods/bleeding will most likely be lighter (or bleeding might stop altogether)
- Suitable for breastfeeding women
- You don't have to remember to take a pill every day.

Disadvantages

- Possible irregular bleeding, which usually settles after a few months
- Must be inserted by a clinician.

When can I start using this after I have my baby?

The hormonal IUS can be fitted either at the time of a planned Caesarean birth or four weeks after a vaginal or Caesarean birth. You can discuss this with your midwife or doctor.



Copper (hormone free) intrauterine contraceptive device (Cu-IUD)

The copper IUD is a small, T-shaped device that is placed in your uterus (womb) and alters the way sperm move. This prevents them from fertilising an egg. This IUD has a small amount of natural, safe copper. It's 100% hormone free and doesn't alter periods.

Advantages

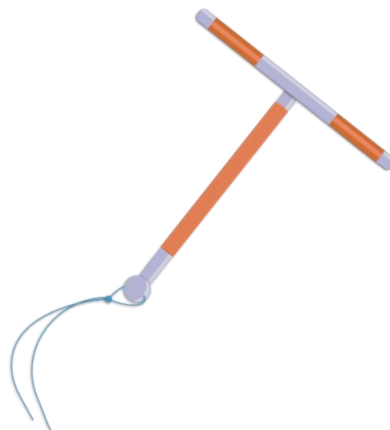
- Lasts for up to 5 or 10 years (depending on the type of Copper IUD)
- It can be fitted at the same time as a Caesarean birth
- More than 99% effective
- It can be removed easily with a quick return to fertility
- No hormones
- You don't have to remember to take a pill every day
- Continued regular periods, which some women prefer
- Suitable for breastfeeding women.

Disadvantages

- Possible heavier, crampier periods
- Must be inserted by a clinician.

When can I start using this after I have my baby?

The copper IUD can be fitted either at the time of a planned Caesarean birth or four weeks after a vaginal or Caesarean birth. You can discuss this with your midwife or doctor.



Implant

The implant is a tiny rod, about the size of a matchstick that is inserted into the upper arm. The implant releases a hormone called progestogen that prevents your ovaries from releasing eggs and thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.

Advantages

- It can be inserted as soon as you have your baby, either before leaving the hospital or after discharge by a GP or local sexual health clinic.
- Lasts for three years
- More than 99% effective
- Easy to remove with a quick return to fertility
- May have lighter or no periods
- Suitable for breast feeding women
- You don't have to remember to take a pill every day.

Disadvantages

- Possible irregular periods (or no periods).

When can I start using this after I have my baby?

You can use this immediately after having your baby. It can be inserted in the hospital before going home or in a local sexual health clinic or GP.



Contraceptive Injection

The contraceptive injection contains progestogen, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus, which helps to block sperm from getting to the egg in the first place.

Advantages

- It can be given as soon as you have had your baby, either before leaving the hospital or after discharge by a GP or local sexual health clinic.
- Lasts for 3 months
- 99% effective if injections with perfect use, 94% effective with typical use
- May have lighter or no periods
- It is suitable for breastfeeding women.

Disadvantages

- Must see a health professional every three months for the injection (unless you choose the injection that you can give to yourself)
- Possible delay in return to fertility on stopping
- Possible irregular periods.

When can I start using this after I have my baby?

You can use this immediately after having your baby. It can be given in the hospital before going home.



Progestogen only pills

These pills contain only one hormone, progestogen. This method suits women who want to take pills but who cannot have oestrogen. The pills are taken every day. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg and the newer ones that keep the ovaries from releasing an egg.

Advantages

- The pills can be started as soon as you have had your baby- you can be prescribed these in hospital or after discharge by a GP or local sexual health clinic.
- 99% effective with perfect use, 91% effective with 'typical' use
- Reversible after stopping
- Suitable for breastfeeding women
- Safe for women who cannot have oestrogen
- May have no bleeding.

Disadvantages

- May have irregular bleeding
- Must remember to take at the same time each day.

When can I start using these after I have my baby?

You can use these immediately, if you want to. Your midwife can give you a supply of pills before leaving hospital



Combined hormonal contraception

These methods contain two hormones, oestrogen, and progestogen, that prevent your ovaries from releasing an egg. Usually this is a pill that you take at the same time every day. There are lots of different kinds of pills on the market. There are also patches or vaginal rings which work just like the pill.

Advantages for these methods

- 99% if taken perfectly, 91% effective with 'typical' use
- Shorter, lighter and less painful periods
- Reversible after stopping
- May help with acne.

Disadvantages

- May have irregular bleeding, usually improves over time
- Must use the method correctly
- Some women cannot take oestrogen for health reasons.

When can I start using these after I have my baby?

If you are breast feeding you cannot use a combined hormonal method until 6 weeks after you have had your baby. If you are **not** breast feeding, then you may be able to start combined hormonal contraception at 3 weeks after you have your baby, but some women may need to wait until 6 weeks after delivery due to health reasons. You can use another method in the meantime.



Female sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. There are different ways of doing this. You will need to have it done in hospital. If you are thinking about having female sterilisation you should speak to your doctor as soon as possible so they can advise you about what your options are. Remember that the intrauterine methods (hormone IUS and copper IUCD) and implant mentioned in this leaflet are at least as effective as female sterilisation.

Advantages

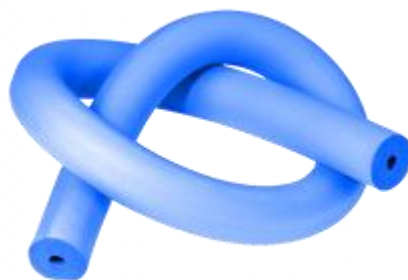
- Permanent
- More than 99% effective
- No change in periods.

Disadvantages

- Higher failure rate if done during caesarean section
- Irreversible
- Must be certain you never want another pregnancy
- Surgical procedure
- Might require general anaesthetic
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have the operation. If you have a planned caesarean section, it may be possible to have this done at the same time.



Male sterilisation – vasectomy

This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick procedure done under local anaesthetic. To arrange this, you should ask your GP for a referral to the local service that provides this. Male sterilisation is more effective than female sterilisation and a much simpler procedure. Remember that the intrauterine methods (hormone IUS and copper IUCD) and implant mentioned in this leaflet are very effective, reversible methods.

Advantages

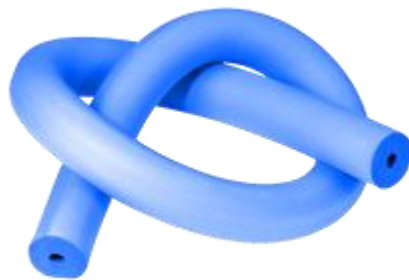
- Permanent
- More than 99% effective
- Local anaesthetic.

Disadvantages

- Irreversible
- Surgical procedure
- Risk of complications.

When can I start using this after I have my baby?

You will normally be advised to wait until your youngest child is a year old before you have a vasectomy. Ask your GP for referral when your baby is 6-9 months.



Barrier methods

“Barrier methods” includes external (male) condoms, internal (female) condoms and diaphragms. These methods are much less effective at preventing pregnancy compared to other methods in this leaflet.

External condoms are most effective when used perfectly. They’re 98% effective at preventing pregnancy with perfect use and 82% effective with typical use. Female condoms and diaphragms are less effective than this.

Advantages

- You only need to use them when you have sex.
- Condoms can help to protect both partners from some sexually transmitted infections (STIs), including HIV.
- There are no serious side effects from using condoms.

Disadvantages – external condoms

- A condom can sometimes slip off or split and are only effective if used correctly from the very start of sex, and if removed correctly.
- They interrupt the flow of sex and sometimes people decide not to use them in the moment.

When can I start using this after I have my baby?

You can use condoms straight away after having a baby.

You can start using a diaphragm from 6 weeks after childbirth. If you used a diaphragm or cap before getting pregnant, go to your GP or local sexual health clinic to ensure it still fits correctly.

Emergency contraception

If you have unprotected sex in the first 3 weeks after having your baby, you will not need emergency contraception. If you have any sex after the first 21 days without using reliable contraception, then you could get pregnant.

Speak to your GP, local pharmacy or sexual health clinic for more advice and to obtain emergency contraception.

A note on the withdrawal method

The withdrawal method or “pulling out” is probably better than doing nothing.

However, the risk of it not working is about 22% which means that about 1 in every 5 (or 22 per 100) women relying on withdrawal will become pregnant. Even with perfect use, there is still a risk of sperm entering the vagina before ejaculation.

The NHS does not recommend this as a reliable way to prevent pregnancy.

Services

At the Liverpool Women's Hospital

You can speak to your midwife or doctor before you have your baby or afterwards before you go home from hospital.

Once you have gone home your community midwife can also provide support and advice.

GP

Your local GP practice can provide contraception, and many GP practices provide intrauterine contraception (IUS or IUD) or the implant or can refer onto another local GP practice.

Sexual health clinics

There are many sexual health clinics in Liverpool and the surrounding areas that can provide contraception. Information for these based on where you live is listed below:

Liverpool, Knowsley, Cheshire East, Warrington & Halton

Access sexual health. Use the website or telephone number to find your local service:

<https://www.axess.clinic/find-service/>

0300 323 1300

St Helen's

St Helen's Sexual Health

<https://getiton.org.uk/Pages/default.aspx>

01744 646473

Southport, Bootle, Maghull, Netherton

Sefton Sexual Health

<https://www.seftonsexualhealth.nhs.uk>

01695 656550

The Wirral

Sexual health Wirral

<https://www.sexualhealthwirral.nhs.uk>

0300 123 5474

Lancashire & West Lancashire

<https://lancashiresexualhealth.nhs.uk/find-nearest-centre/>

0300 1234 154

For Wigan & Leigh

[Find a clinic - Spectrum SHS \(spectrum-sexualhealth.org.uk\)](https://www.spectrum-shs.org.uk)

01942 483188

This leaflet can be made available in different formats on request. If you would like to make any suggestions or comments about the content of this leaflet, then please contact the Patient Experience Team on 0151 702 4353 or by email at pals@lwh.nhs.uk

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