Family Planning
Welfare Association of NT Inc.

ABN 38 812 238 738

Family Planning Welfare Association of the NT Inc exists to provide quality health care and education services in sexual and reproductive health

Postnatal Contraception

After having a baby, many women want to be able to prevent another pregnancy in the near future. The choices a woman has depends on her needs and whether she is breast feeding or not.
Women should not wait for menstruation to occur before considering contraception. Ovulation occurs before menstruation and then can result in an unplanned pregnancy.

Breast Feeding

When breast feeding, many types of contraception are safe. A good discussion with your doctor or your family planning nurse will cover the reliability of each method and the safety for you and your baby.

Suitable methods for breastfeeding women are:

(1) Lactation Amenorrhoea (LAM)

This literally means having no periods while breast feeding. It is 98% effective **provided** the mother is:

- **fully demand breast feeding** her infant (no solid food or bottle feeds),
- the **baby is less than six months** old, and
- she has had **no vaginal bleeding** once the normal bleeding after delivery stopped,

Mothers using this method should be aware that it is nipple stimulation that provides the hormone of contraception and its efficacy may be reduced if there are long periods without feeding (**such as if the baby sleeps all night**). If any of the above requirements are broken then another form of contraception should be used.

(2) Mini Pill:

- A progesterone only pill, which is taken at **exactly** the same time each day. A pill is 'late' if more than three hours overdue!
- The pill should be taken at the opposite time of the day to when sex usually happens (i.e. morning pill if sex is usually at night).
- Can be started immediately but best to wait until any bleeding has settled, so 6 weeks post delivery is recommended.
- Is effective after 3 pills are taken (48 hours).
- Typical efficacy rate is 92%.
- Immediate return to fertility once stopped.

(3) Depo Provera:

- Medroxyprogesterone acetate; an injection given every 12 weeks.
- Efficacy rate is 99%.
- May have delayed return to fertility once stopped.

(4) Implanon NXT:

- Progesterone only implant approximately the size of a matchstick, which is inserted in the inner upper arm. It releases progesterone slowly for three years (it can be removed before that if required).
- Efficacy rate is greater than 99%
- Immediate return to fertility once removed

(5) Intrauterine devices ('IUD'): Non-hormonal (copper) and hormonal (Mirena) options.

(5a) Non-hormonal IUD

- The copper IUD is a device placed in the uterus during a minor procedure. It works to inactivate the sperm and provide a changed intrauterine environment that prevents implantation of a fertilised egg.
- It can be placed in the uterus 4 weeks after delivery.
- When periods return they **may be** slightly heavier and more painful.
- It is effective immediately.
- A copper IUD lasts for ten years and can be removed before this if required with immediate return to fertility.
- Efficacy rate is greater than 99%.

(5b) Hormonal IUD – Mirena IUD

- Mirena is an intrauterine device placed in the uterus during a minor procedure. The shaft of the Mirena has a progesterone hormone that releases slowly over five years. This acts to reduce bleeding which can sometimes be a problem for Copper IUD users. The Mirena changes the intrauterine environment, thus preventing the implantation of the fertilised egg.

- It can be placed minimum of 4 weeks after delivery. The Mirena IUD lasts for five years but can be removed before this if required.
- Efficacy rate is greater than 99%.
- Immediate return to fertility once removed.
- Once periods return they may be irregular, but often lighter/shorter.

(6) Diaphragm:

- A dome shaped rubber cap with a flexible ring that fits into the vagina and covers the cervix. It acts as a barrier preventing sperm getting into the uterus.
- A fitting is best done at least 6 weeks after delivery. *If a diaphragm was used before pregnancy, a refitting must be done as the shape of the vagina will have changed.*
- Typical Efficacy rate is 84%

If **not** breast feeding, all of the above methods can be used, PLUS:

**The Combined pill*:

- Is a pill taken every day, containing a combination of oestrogen and progestogen hormones.
- Can be started 3 weeks after delivery (if not breastfeeding).
- It will be effective after 7 tablets are taken.

Efficacy rate is 92%

Sterilisation

For women who want permanent contraception, sterilisation is an option. Tubal Ligation can be performed at the same time as a Caesarean section birth but there is a slightly increased risk of failure. Tubal Ligation is best performed at least three months after delivery and in Australia is performed under general anaesthetic. There appears to be more regret felt by women, if Tubal Ligation is performed within a year of the birth of a child. The failure rate is approximately 2 to 3 pregnancies per 1000 tubal ligations.

An alternative to tubal ligation which does not require a general anaesthetic is the insertion of micro-coils, Essure pbc, into the fallopian tubes. This procedure can be performed under local anaesthetic while the patient is awake. This procedure is permanent and unlike tubal ligation, can never be reversed. *(Not available in NT at time of printing).*

Vasectomy is the sterilisation option for men. It can be done under local or general anaesthetic. The spermatic cord is cut to prevent sperm from reaching the ejaculate. Failure is approximately 1 to 2 pregnancies per 1000 vasectomies.

For further information on benefits, side effects and details of the mechanism of action regarding the above methods, see the individual FP pamphlets and approved literature. A full discussion with your doctor will also help aid your decision.

For Further Information:

FPWNT
Client Information & Support Service
8948 0144

NT Health Direct
1800 022 222
Or visit www.fpwnt.com.au