



## Birth Control Options after Delivery

There are many factors that may weigh into your decision regarding birth control after delivery, including past experiences with birth control, side effects, ease of use, plans for future pregnancy, breastfeeding, and expense. We encourage you to think about your options before you deliver and research your insurance coverage to assist you in making this decision. Ultimately, you may not request any birth control at all. But if there is additional information we can give you to help you in making this decision please do not hesitate to ask your provider. We encourage all to wait 6 weeks after delivery before resuming intercourse in order to allow for healing and establishment of breastfeeding.

- 1) Natural Family Planning: many couples have good success in timing their pregnancies without the use of prescription medications. There are many resources (books and websites) available to help explain how best to plan your pregnancies and protect yourself against undesired pregnancies without contraception. While breastfeeding can provide some protection, it cannot be relied upon solely for protection so you should have additional birth control planned.
- 2) Barrier methods: many women may want to avoid the use of hormonal contraception altogether, in which case barrier methods may be a fine choice. The most commonly used barrier method is condoms which can be easily obtained over-the-counter without prescription. Diaphragms must be fitted by your provider, who will give you detailed instructions for use, and a prescription is needed in order to purchase one. Because they do not prevent you from ovulating and can be cumbersome to use, barrier methods are less reliable in preventing pregnancy than most hormonal birth control methods.
- 3) IUDs: For those women who are looking to minimize hormonal exposure, and who want easy to use and extremely reliable long-term birth control an IUD can be a great option. This is a small plastic device that is inserted in the uterus in the office in a minor procedure that requires no anesthesia. There are 2 IUDs available – the Paraguard (copper T) which has no hormones and the Mirena which contains progesterone. Both are extremely reliable protection against pregnancy, as reliable as a tubal ligation, but entirely reversible. The Paraguard can last up to 10 years; it may make your periods somewhat heavier than your natural periods. The Mirena can last up to 5 years and makes your periods very light. IUDs do not interfere with breastfeeding.
- 4) Implanon: This is a single flexible plastic rod inserted under the skin that releases a type of progestin (no estrogen) to provide up to 3 years of reliable, reversible contraception. It acts very much like Depo Provera and has similar side effects. The most common side effects include unfavorable changes in bleeding patterns, mood changes and weight gain. It is safe to use while breastfeeding.

- 5) Depo Provera: This is a monthly shot of a type of progestin that provides highly reliable contraception. Like Implanon, the most common side effects include unfavorable changes in bleeding patterns, mood changes and weight gain. It is safe to use while breastfeeding.
- 6) Oral contraceptive pills: For most women who are accustomed to taking the pill and who have done well on the pill in the past the simplest, cheapest and most flexible form of birth control after delivery may be resuming the birth control pill. Most pills contain a combination of estrogen and progesterone. While establishing breastfeeding we try to limit estrogen use as it may reduce your milk supply. Therefore, if you choose to be on the pill we typically would start you on a progesterone-only pill (sometimes referred to as the "mini-pill") while you are establishing breastfeeding and then switch you back to a combination pill once breastfeeding is well-established or once you stop nursing. By itself the mini-pill may not provide as reliable birth control as the combination pill; breastfeeding plus the mini-pill is equally effective, but once you stop breastfeeding a combination pill is more reliable. If you choose to be on an estrogen containing product your health care provider will review in detail the potential side effects and may have you sign a consent form indicating you are aware of those side effects.
- 7) Nuvaring: This is a plastic ring which is inserted in the vagina that releases both estrogen and progesterone that works in a similar fashion to the combination pill, but is simpler to use as it does not require remembering to take a pill every day. Because it contains estrogen we may advise against the use of Nuvaring while breastfeeding.
- 8) Sterilization: For those who are absolutely certain that they are done having children sterilization may be desired. There are several different forms of sterilization including male sterilization or vasectomy (your partner would need to discuss this with their family doctor or a urologist), and female sterilization commonly referred to as tubal ligation (having your tubes tied).

Postpartum tubal ligation may be done concurrently at the time of C-section or the following day after a vaginal delivery. For those who want their tubes tied immediately this is likely your best choice. It does not require a general anesthetic (being put to sleep) and will not prolong your postpartum hospital stay.

Interval laparoscopic tubal ligation may be done as an outpatient surgery typically 6 weeks or more after delivery. This has a slightly lower failure rate than the postpartum tubal ligation, but does require a general anesthetic.

Alternatively the Essure, in-office hysteroscopic tubal ligation may be performed 8 weeks or more after delivery. This is the most reliable form of sterilization (lowest failure rates) and involves no abdominal incisions, so much less pain and faster recovery. Nickel coils are placed directly into the tubes via a small scope that is inserted through the cervix and into the uterus. This requires minimal pain medicine and is done with you awake in the office. It takes about 3 months for the tubes to scar down around the coils, so you are required to be on an alternative form of birth control for 3 months after the procedure until an X-ray study is performed demonstrating complete blockage of both tubes.

For those patients desiring tubal sterilization who have Medicaid as their insurance provider you will need to sign a special form (Med 178) at least 30 days in advance of your procedure indicating that you understand this is a permanent procedure, you know there are other forms of birth control that are reversible that are available, and you would like to have this done. Typically we try to have that form signed around 28-32 weeks gestation.