



## Birth Control Options After Delivery

### Options for People Who Are Breastfeeding

If you are breastfeeding, the following choices are best during the first 4-6 months after delivery as even exclusive breastfeeding is not guaranteed contraception

**\*\*\* IUDs can be placed immediately after delivery, Nexplanon and DMPA can be administered in the hospital prior to discharge. \*\*\***

**Progestin-Only Pills:** Unlike traditional birth control pills, the progestin-only pill, also called the mini pill, does not contain estrogen. It does contain progestin, a hormone that is similar to the female hormone, progesterone.

Progestin-only pills are as effective as combination pills if they are taken at the same time every day. However, the progestin-only pill becomes less effective if you are more than three hours late in taking it, in which case, emergency contraceptives may be considered.

**Intrauterine Devices (IUDs):** IUDs are placed by a healthcare provider through the vagina and cervix, into the uterus. The currently available IUDs are safe and effective. These devices include:

- **Copper-containing IUD:** The Copper-containing IUD remains effective for at least 10 years, but can be removed at any time. The Copper IUD does not contain any hormones. Some women have a heavier menstrual period or more cramps during their period while using a copper IUD.
  - For more information, see [paragard.com](http://paragard.com)
- **Levonorgestrel-releasing IUD:** The levonorgestrel-releasing IUD (which is available in different doses) releases a hormone, levonorgestrel, which thickens the cervical mucus and thins the endometrium (the lining of the uterus). This IUD also decreases the amount you bleed during your period and decreases pain associated with periods. While IUDs can be removed at any time, they can be left in place for up to three or five years (depending on type of IUD chosen), but can be removed at any time, and is highly effective in preventing pregnancy. Some women stop having menstrual periods entirely; this effect is reversed when the IUD is removed.
  - For more information, visit [www.mirena-us.com](http://www.mirena-us.com)

**Birth Control Implant:** A single-rod progestin implant, Nexplanon, is available in the United States and elsewhere. It is inserted by a healthcare provider into your arm. While it prevents pregnancy for at least 3 years as the hormone is slowly absorbed into the body, it can be removed at any time. It is effective within 24 hours of insertion. Irregular bleeding is the most bothersome side effect. Most women can become pregnant quickly after the rod is removed. For more information, visit [www.nexplanon.com](http://www.nexplanon.com).

**Injectable Birth Control:** The only injectable method of birth control currently available in the United States is medroxyprogesterone acetate or DMPA (Depo-Provera). This is a progestin hormone, which is long-lasting. DMPA is injected deep into a muscle, such as the buttock or upper arm, once every three months. A version that is given under the skin is also available.

- **Side effects:** The most common side effects of DMPA are irregular or prolonged vaginal bleeding and spotting, particularly during the first three to six months. Up to 50 percent of

women completely stop having menstrual periods after using DMPA for one year. Although ovulation and menstrual periods generally return within six months of the last DMPA injection, it can take up to a year and a half for ovulation and cycles to return. For this reason, DMPA should be used only by women who do not wish to become pregnant in the next year or longer.

**Barrier Methods:** Barrier contraceptives prevent sperm from entering the uterus. Barrier contraceptives include the condom, diaphragm, and cervical cap.

- **Male condom:** The male condom is a thin, flexible sheath placed over the penis. To be effective, men who use condoms must carefully follow instructions for their use. Condoms are most effective when used with a vaginal spermicide (see 'Spermicide' below).
- **Female condom:** The female condom is worn by a woman to prevent semen from entering the vagina. It is a sheath made of polyurethane, and is prelubricated. You wear it inside the vagina.

**Diaphragm/cervical cap:** The diaphragm and cervical cap fit over the cervix, preventing sperm from entering the uterus. These devices are available in latex (the Prentif cap) or silicone rubber (FemCap) in multiple sizes, and require fitting by a clinician. These devices must be used with a spermicide and left in place for six to eight hours after sex. The diaphragm must be removed after this period. However, the cervical cap can remain in place for up to 24 hours.

**Spermicide:** Spermicides are chemical substances that destroy sperm. They are available in most pharmacies without a prescription. Spermicides are available in a variety of forms including gel, foam, cream, film, suppository, and tablet.

**Emergency Contraception:** Emergency contraception refers to the use of medication after unprotected intercourse to prevent pregnancy. Types of emergency contraception include the intrauterine device (IUD) or pills. You can use emergency contraception if you forget to take your birth control pill, if a condom breaks during sex, or if you have unprotected sex for other reasons (including victims of sexual assault). An IUD can be inserted for use as emergency contraception, and is much more effective at preventing a pregnancy than pills. It is the best choice for emergency contraception and you can continue to use it as your ongoing method of birth control. The other options are morning after pills, which may be hormonal (eg, PlanB One-Step) or nonhormonal (eg, Ella).

## Options for People Who Are Not Breastfeeding

If you are not breastfeeding, you may start these medications 6 weeks after delivery

**Combination Birth Control Pills:** Most birth control pills, also referred to as "the pill," contain a combination of two female hormones.

- **How well do they work?** When taken properly, birth control pills are very effective. In general, if you miss one pill, you should take it as soon as possible, If you miss two or more pills, continue to take one pill per day and use a back-up method of birth control (eg, a condom) for seven days. If you miss two or more pills, you should also consider taking the morning after (emergency contraception) pill.



**Skin Patches:** Birth control skin patches contain two hormones, estrogen and progestin, similar to birth control pills. The patch is as effective as birth control pills, and may be preferred by some women because you do not have to take it every day.

Xulane is the only skin patch birth control available in the United States. You wear the patch for one week on the upper arm, shoulder, upper back, or hip. After one week, you remove the old patch and apply a new patch; you repeat this for three weeks. During the fourth week, you do not wear a patch and your menstrual period occurs during this week. The risks and side effects of the patch are similar to those of a birth control pill, although there may be a slightly higher risk of developing a blood clot.

**Vaginal Ring:** A flexible plastic vaginal ring (Nuvaring) contains estrogen and a progestin. You wear the ring in the vagina, where the hormones are slowly absorbed into the body. This prevents pregnancy, similar to a birth control pill. You wear the ring inside the vagina for three weeks, followed by one week when you do not wear the ring; your menstrual period occurs during the fourth week.

The ring is not noticeable, and it is easy for most women to insert and remove. You may take the ring out of the vagina for up to three hours if desired, such as during intercourse. Risks and side effects of the vaginal ring are similar to those of birth control pills.

## Options for Permanent Sterilization

**Sterilization:** Sterilization is a procedure that permanently prevents you from becoming pregnant or having children. Tubal ligation (for women) and vasectomy (for men) are the two most common sterilization procedures. Sterilization is permanent, and should only be considered after you discuss all available options with a healthcare provider. In New York State, consent for sterilization must be signed 30 days prior to your estimated date of delivery (if you are pregnant) or 30 days prior to the procedure (if you are not pregnant.)

**Tubal ligation (Laparoscopic or postpartum):** Tubal ligation is a sterilization procedure for women that surgically cuts, blocks, or seals the fallopian tubes to prevent pregnancy. The procedure is usually done in an operating room as a day surgery. Women who have recently delivered a baby can undergo tubal ligation before going home (through an incision in the abdomen). The procedure may be done at any other time laparoscopically.

**Essure:** Essure is a permanent birth control method in which tiny coils are placed into a woman's fallopian tubes. The tissue within the fallopian tubes grows into the coil, blocking them three months after placement in most women. The procedure can be performed in the doctor's office under local anesthesia. A back up method of birth control (eg, pills, condoms) is needed until you have a test confirming that the fallopian tubes are completely blocked; this is usually performed three months after coil placement.

**Vasectomy:** Vasectomy is a sterilization procedure for men that cuts or blocks the vas deferens, the tubes that carry sperm from the testes. It is a safe, highly effective procedure that can be performed in a doctor's office under local anesthesia. Following vasectomy, you must use another method of birth control (eg, condoms) for approximately three months, until testing confirms that no sperm are present in the semen.