



Post Partum Birth Control

Now that you have been through pregnancy and delivery, you need to consider how to time your next conception. Many women conceive without intending to when they trust that breastfeeding alone (especially if they are not having menstrual periods) will protect them – WRONG!! Even if sex is the last thing from your mind right after having the baby, you must at least consider your options for birth control.

Natural Family Planning

Without regular menses, this does not work.

Condoms (with spermicide)

If you are having sex a couple of times per month, these are a very decent option if you are breastfeeding. They are still a decent option if you are not breastfeeding, but they are only in the range of 90% effective when used perfectly. If you are having sex more often, their efficacy drops (due to an increased risk of slippage, breakage, “I’ve run out”). If you are at a point where it would not be the worst thing to have an “accidental pregnancy,” then these are a fair method.

Diaphragm (with spermicide)

A diaphragm is a birth control device that blocks sperm from fertilizing an egg. It is made of rubber and shaped like a dome. It fits inside a woman’s vagina and covers the cervix (the opening of the uterus); a firm, flexible rim keeps it in place. A diaphragm is always used with a sperm-killing cream or jelly (spermicide) to prevent pregnancy. It must be placed prior to every act of intercourse to be effective.

Sterilization (male or female)

If you and your partner are absolutely convinced that you in no way want to have another child, cross your heart, then this is a convenient, hormone free method that has an efficacy rate of 99%. Female sterilization can be done at the time of cesarean section if discussed and consented to in advance. Otherwise, this is done as an outpatient at a 2-3 month interval following delivery. (Sometimes we can get operating room time after a vaginal delivery IF you have an epidural and IF the operating room is available and IF there is enough Anesthesia and nursing coverage to run an OR after your delivery – a lot of ifs that do not often come together for us.) A vasectomy is the male procedure that is done as an outpatient at any time that is convenient for a couple. Many Urologists complete a vasectomy under local anesthetic in an outpatient setting with very little to no incisions. Although many Urologists will not complete the procedure until the baby is born – leaving options open pending the delivery of a healthy baby.

Intrauterine Device (IUD)

There are two types of IUD available, the ParaGard and the Mirena.

ParaGard T 380A IUD is an intrauterine device (IUD) for birth control that does not contain synthetic sex hormones. The ParaGard IUD is made of flexible plastic and copper, crafted into the shape of a small “T.” It is a little over an inch long, with fine copper wire wrapped around the stem and arms. A thin thread is attached through the bottom of the “T” to help locate and remove the IUD. ParaGard does not contain latex, it does not contain hormone. The IUD must be placed inside the uterus by a doctor, where it may remain for up to ten years. ParaGard starts working as soon as it is inserted into the uterus. ParaGard is probably the longest-lasting, reversible, hormone-free contraceptive on the market. According to the manufacturers, how the ParaGard T 380A prevents pregnancy is not completely understood. Several theories have been suggested, as multiple birth control mechanisms may affect the ovum, sperm, and fertilized egg. Clinical studies with copper-bearing IUDs suggest that fertilization is prevented by killing sperm. However, it is also known that the ParaGard IUD does not prevent ovulation. Some sperm may in fact reach the egg, resulting in fertilization. When fertilization does occur, ParaGard is thought to act as birth control by preventing the embryo from implanting in the uterus.

ParaGard is thought to be very effective, with less than a 1% failure rate for perfect users. After removing the ParaGard IUD, most women are able to become pregnant right away.

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Mirena® (levonorgestrel-releasing intrauterine system) consists of a T-shaped polyethylene frame (T-body) with a steroid reservoir (hormone elastomer core) around the vertical stem. The reservoir consists of a white or almost white cylinder, made of a mixture of levonorgestrel (a progestin, a hormone) and silicone (polydimethylsiloxane). Mirena is indicated for intrauterine contraception for up to 5 years. Thereafter, if continued contraception is desired, the system should be replaced. Mirena is inserted with the provided inserter into the uterine cavity within seven days of the onset of menstruation or immediately after first trimester abortion by carefully following the insertion instructions. It can be replaced by a new Mirena at any time during the menstrual cycle. Mirena prevents pregnancy by a combination of thickening the cervical mucus preventing sperm from entering the uterus and thinning the uterine lining making it inhospitable to sperm and an embryo on the off chance conception does occur.

Mirena is also thought to be very effective, with less than a 1% failure rate for perfect users. After removing the Mirena IUS (the company prefers the term intrauterine System over “Device”), most women are able to become pregnant right away.

Hormonal Methods

These includes oral contraceptives, depo Provera shots, Implanon (progestin implant), Nuva Ring, Ortho Evra (the patch) and the progestin only pill (or the “mini-pill”). If you are within 12 weeks of delivery and breastfeeding, many of the full hormone methods (all but the mini pill) may decrease your breast milk supply. For this reasons, many physicians and lactation centers recommend staying away from full hormone methods until approximately 6 months post partum or until you have weaned breastfeeding to fewer than 4 feedings per day (breast feeding directly or pumping).

All full hormone methods are similar in their actions. The combination oral contraceptive (various brands), the Nuva Ring, Ortho Evra suppress ovulation and provide for regular menstrual cycles. These have the largest negative impact on breast milk supply. The difference between these methods is mainly the route of administration. The pill is taken by mouth daily. The patch is placed on the skin and changed weekly. The Nuva Ring is inserted in the vagina and changed one time per month.

DepoProvera, Implanon and the progestin only pills (POP) change the uterine lining and the cervical mucus similar to the effect of the Mirena above. There are times when ovulation may be suppressed, but it is not as predictable as the regular combination hormones. For this reason, more irregular menstrual cycles to no menstrual cycles are the experience with these methods.

The progesterone-only pill differs from combined oral contraceptives in that it contains only one hormone, called progesterone. (The combined pill contains both estrogen and progesterone.)

There are many ways in which progesterone-only pills work:

- they thicken cervical mucus;
- hinder ovulation (the release of an egg) or fertilization; and
- change the lining of the fallopian tubes and uterus.

To be most effective, these pills must be taken every day at the same time. There are no ‘sugar pills’ or ‘placebos’ to take, and there are no days you don’t take pills. As with other progesterone-only methods, irregular bleeding is common. Effectiveness is measured in two ways. ‘Theoretical effectiveness’ or ‘perfect use’ is a measure of how well a birth control method works when used perfectly. ‘Actual effectiveness’ is a measure of how well a method works during actual use-that is, when it takes into account human error. About 3 women in 100 using the progesterone-only pill perfectly for one year will get pregnant. In actual use, 5 to 10 women in 100 using them will get pregnant in a year. It’s essential to take your pill at the same time every day. Late afternoon or early evening is best. You can start POPs at any time during your cycle. If you start on the first day of your period, you don’t need a back-up contraceptive method. If you start later, use a back-up method for 48 hours afterward.

Depo Provera (also known as DMPA or Depot Medroxyprogesterone Acetate) is a hormone injection that lasts for 3 months to prevent pregnancy. The injection contains synthetic progesterone and no estrogen. It is usually given in the the arm, hip, upper thigh, or abdomen, delivering a high level of progesterone into the body. Depo Provera stops the ovaries from releasing eggs. Depo Provera causes the cervical mucus to thicken and changes the uterine lining, making it harder for sperm to enter or survive in the uterus. These changes prevent fertilization. Depo Provera is a very private form of birth control because it cannot be seen on the body and requires no home supplies. It does, however, require an appointment every 3 months.

Implanon is a small, thin, implantable hormonal contraceptive that is effective for up to three years. It was approved in July, 2006 by the U.S. Food and Drug Administration. Implanon is more than 99% effective: the chance of getting pregnant is less than 1 pregnancy per 100 women who use Implanon for 1 year when Implanon is inserted correctly. Implanon prevents pregnancy in several ways. The most important way is by stopping release of an egg from your ovary. Implanon also changes the mucus in your cervix and this change may keep sperm from reaching the egg. Also, Implanon changes the lining of your uterus. Your healthcare provider will insert (or remove) Implanon in a minor surgical procedure in his or her office. Implanon is inserted just under the skin on the inner side of your upper arm.