

BIRTH CONTROL AFTER BIRTH

Childbirth changes a lot of things—including what birth control will fit you. Some hormonal methods may affect milk supply, which could make breastfeeding challenging or impossible. The options with a B beside them should not affect breastfeeding. Finally, the effectiveness rates are based on **typical** real-life use.

MINI-PILL (B)

Typical Effectiveness: 92%

The pill is a popular option, but regular pills cut down on your milk supply. The mini-pill has no estrogen, which means it shouldn't keep your milk from coming in. The downside to the mini-pill is that it has to be taken faithfully within three hours of the time you always take it.

TIP: *Think you might forget a dose? Buy a pack of Emergency Contraception and keep it in your nightstand.*

COPPER IUD (B)

Typical Effectiveness: 99.2%

Doesn't affect your milk supply. However, it can cause heavier periods and cramping for some. It requires insertion by a professional and may not be covered by drug plans. It is cheap, long-lasting, and you can mostly forget about it. Most doctors will ask you to wait several weeks after childbirth before they will insert an IUD.

FACT: *It may cost at least \$80 upfront, but if you average it over 5 years, it works out to \$1.33 monthly.*

HORMONAL IUD (B)

Typical Effectiveness: 99.9%

Hormonal IUDs or IUSs may cut down on some menstrual issues like cramping and heavy bleeding. The downside is the cost, but it may be covered by some drug plans including the public programs in Nova Scotia. Hormonal IUDs can be as effective as sterilization. You usually have to wait a few weeks after delivery before it can be inserted.

TIP: *If you think you might be pregnant while you have any form of IUD inside your uterus, call your doctor immediately.*

CONDOMS (B)

Typical Effectiveness: 85%

This is the only option that will protect you from infections like HIV/AIDS. If you have intercourse before you completely heal from a vaginal delivery, you will be at higher risk of catching an infection from your partner. Infections often come in through tiny tears in the vagina. If you think you could be at risk of an infection, use a condom.

TIP: *If you find latex irritating, try latex free.*

INJECTION (B)

Typical Effectiveness: 97%

The contraceptive needle, known by the brand name Depo-Provera, is a hormone injected by a doctor every three months. It doesn't contain estrogen, so should not affect your milk supply. The downside is that any side effects will take months to clear your system.

WARNING: *The contraceptive injection may cause bone loss. This option may only be appropriate for short-term use (e.g. a year or two) especially if an unplanned pregnancy would be risky during this time. Consider another form if you need long-term protection.*

DIAPHRAGMS AND SPERMICIDE (B)

Typical Effectiveness: 84%

No hormones necessary. A diaphragm (or other cervical cap) covers your cervix, keeping sperm and eggs apart. Any barrier like this requires insertion before intercourse, spermicide, and a fitting by a health care professional.

TIP: *If you used a diaphragm or cap before childbirth, have another fitting done. You may need a different size.*

SPONGE (B)

Typical Effectiveness: 68% for those who have delivered children

The sponge can be bought without a prescription. It contains spermicides and fits over your cervix.

TIP: *Can increase the effectiveness of condoms when used together.*

STERILIZATION (B)

Typical Effectiveness: approximately 99%

Getting a tubal ligation or vasectomy is permanent, but effective. If you are planning a Caesarian section, you may be able to get your tubes tied while you are in the operating room. Some doctors may ask you to wait before deciding on sterilization. However, if you feel this option is best for you, you can always ask another doctor!

TIP: *Remember that anyone getting a vasectomy needs to have their semen checked before going without birth control—use a back up plan until then!*

EMERGENCY CONTRACEPTION (B)

Typical Effectiveness: Depends on when you take it (95% effective if taken within 24 hours, but drops to 58% effectiveness by the end of 72 hours)

If your method fails, head to the pharmacy for emergency contraception (it is about \$24 to \$40). It is considered safe while breastfeeding. Take as soon as possible after unprotected sex, although it can be taken up to 5 days afterwards. It may not work if you are over 180 pounds. However, it may be better than trying nothing. A copper IUD inserted within 7 days after unprotected sex can help prevent a pregnancy, even if you are over 180 pounds.

TIP: *If unprotected sex is a risk, buy a package of Emergency Contraception ahead of time.*

COMBINED PILL

Typical Effectiveness: 92%

Most birth control pills are combined pills, which include two different hormones. One of these hormones, estrogen, can affect your milk production. If you breastfeed, wait until your baby is at least six months old before starting a pack.

TIP: *Like the idea of a pill once a day? Consider the mini-pill.*

VAGINAL RING OR PATCH

Typical Effectiveness: 92%

Both contain estrogen, which may slow down milk supply. If you breastfeed, consider another form of birth control until your baby is at least six months old.

FERTILITY AWARENESS METHOD (B)

Typical Effectiveness: 75%

Although basic rhythm methods are not reliable (people's cycles are not the same every month), you can track your fertility signs to see if you are at risk of getting pregnant. This option takes **education and devotion** to tracking your waking temperature, cervical mucus, cervical position, saliva, or some combination of the above. You then avoid intercourse, or use another form of birth control, during your fertile time. This method can also help you plan to conceive a baby.

TIP: *You ovulate **before** you get your period! That means you could be fertile even though you haven't started menstruating yet.*

WITHDRAWAL (B)

Typical Effectiveness: 73%

If the person with the penis pulls out before ejaculating, or cumming, this may cut down on the chances of conceiving another baby. It often fails because the person does not pull out in time. Pre-cum may also contain some sperm, especially if the person has ejaculated recently.

TIP: *Buy a pack of emergency contraception in case this method does not work.*

Consider...

- **Your budget.** *What method can you afford? Is it available on a drug plan?*
- **Your health history.** *Sometimes your body lets you know what form is comfortable for you. Some side effects may be too risky for your health.*
- **Your lifestyle.** *Can you remember something every day or would you prefer a long-term method? Do you want a permanent method? Does your method cause issues with breastfeeding?*
- **Your preference.** *What method do you like using best? Can you tolerate the side effects or downsides of the method?*
- **Effectiveness.** *How effective do you need the method to be? Would an unplanned pregnancy be devastating? Or risky to your health?*
- **Risk factors.** *Are you at risk of sexually transmitted infections? Are condoms necessary?*

Until you find effective birth control, consider activities that reduce your risk of pregnancy (like oral sex, massage, or sexting). Creative forms of intimacy may be more comfortable as you heal from delivery and wait until the "all clear" for intercourse from your doctor. You may also prefer to catch up on sleep!

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This sheet is not meant to replace advice from a health care professional. SHCLC 2015.