

## POSTNATAL CONTRACEPTION

**INTRODUCTION** — There are a number of methods available to help prevent pregnancy, with some of the most popular including condoms and birth control pills. Deciding which method is right can be tough because there are many issues to consider, including costs, future pregnancy plans, side effects, and others.

**EFFECTIVENESS OF BIRTH CONTROL** — Most birth control methods are quite effective if used properly. However, contraceptives can fail for a number of reasons, including incorrect use and failure of the medication, device, or method itself.

Certain birth control methods, such as intrauterine devices (IUDs) and injectable or implanted methods, have a low risk of failure (pregnancy). This is because they are the easiest to use properly. You should consider these methods if you want the lowest chance of a mistake or failure, which could lead to pregnancy.

If you forget to use birth control or if your method fails, there is an option to reduce your risk of becoming pregnant for up to 5 days after you have sex. This is called the morning after pill, or emergency contraception.

### Pregnancy rate (percent) during first year of use

	Typical use	Correct use
Cervical cap		
Previous births	32	26
No previous birth	16	9
Condom (without spermicide)		
Male	18	2
Female	21	5
Diaphragm with spermicide	12	6
Sponge		
Previous births	24	20
No previous births	12	9
Fertility awareness		
Ovulation	23	3
Symptothermal	13-20	0.4
TwoDay	14	4
Standard days	12	5
Lactational amenorrhea*	5	<2

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Withdrawal	22	4
Depot-provera	6	<1
IUC		
Copper T or Mirena	<1	<1
Patch	9	<1
OCPs		
Progestin only or combination estrogen-progestin	9	<1
Ring	9	<1
Female sterilization	<1	<1
Vasectomy	<1	<1
Emergency contraception		
Pills	Pregnancy rate decreased by 75 to 89 percent, depending on the regimen used (higher pregnancy rate is for combined estrogen-progestin pills, lower pregnancy rate is for levonorgestrel alone)	
IUD	Pregnancy rate decreased by 99 percent	
Implanon	<1	<1
Spermicides	28	18
No method	85	85

Data refer to number of pregnancies per 100 women during first year of use. Typical use: refers to failure rates for women and men whose use is not consistent or always correct.

Correct use: refers to failure rates for those whose use is consistent and always correct.

\* Rate reflects cumulative pregnancy rate in the first 6 months following birth.

Data adapted from: *Contraceptive Technology, 19th edition, 2007* and *Trussell J. Contraceptive failure in the United States. Contraception 2011; 83:397.*

**CHOOSING A BIRTH CONTROL METHOD** — It can be difficult to decide which birth control method is best because of the wide variety of options available. The best method is one that you will use consistently, is acceptable to you and your partner, and does not cause bothersome side effects. Other factors to consider include:

- How effective is the method?
- Is it convenient? Will I remember to use it?
- Do I have to use/take it every day?
- Is this method reversible? Can I get pregnant immediately after stopping it?

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- Will this method cause me to bleed more or less?
- Are there side effects or potential complications?
- Is this method affordable?
- Does this method protect against sexually transmitted diseases?

No method of birth control is perfect. You must balance the advantages and disadvantages of each method and then choose the method that you will be able to use consistently and correctly.

**EMERGENCY CONTRACEPTION** — Emergency contraception, also called the morning after pill, refers to the use of medication to prevent pregnancy. You can use the morning after pill 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).

**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.

**Side effects** — Side effects of the pill include:

- Nausea, breast tenderness, bloating, and mood changes, which typically improve after two to three months.
- Irregular vaginal spotting or bleeding. This is particularly common during the first few months. Forgetting a pill can also cause irregular bleeding.
- It can reduce breast milk supply & so, should be avoided by breastfeeding mothers.

**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. This type of pill is useful for women who cannot or should not take estrogen.

Progestin-only pills are as effective as combination pills if they are taken at the same time every day. However, progestin only pills have a slightly higher failure rate if you are more than three hours late in taking it.

**INJECTABLE BIRTH CONTROL** — Commonly known as Depo provera injection. 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.

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DMPA is very effective, with a failure (pregnancy) rate of less than one percent.

**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. Menstrual periods generally return within six months of the last DMPA injection. Return of fertility can take up to 18 months from last injection, though generally only takes 3-6 months.

**SKIN PATCHES** — Birth control skin patches contain two hormones, estrogen and progesterin, 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.

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 progesterin. You wear the ring in the vagina, where these 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.

**BIRTH CONTROL IMPLANT** — A single-rod progesterin implant, Implanon®. It is inserted by a healthcare provider into your arm. It prevents pregnancy for up to 3 years as the hormone is slowly absorbed into the body. 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.

**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). Using the male condom and a vaginal spermicide is as effective as a hormonal method of birth control, and is more effective than a condom alone.

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Many people who choose another method of birth control (eg. pills) should also use condoms to decrease their risk of getting sexually transmitted diseases.

**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.

**INTRAUTERINE DEVICES (IUD)** — IUDs are inserted 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 IUDs. Copper-containing IUDs remain effective for at least 10 years. Copper IUDs do not contain any hormones. Some women have a heavier menstrual period or more cramps during their period while using a copper IUD.
- **Levonorgestrel**-releasing IUDs release 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. It can be left in place for up to five years, and is highly effective in preventing pregnancy. Some women stop having menstrual periods entirely; this effect is reversed when the IUD is removed.

**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.

**Tubal ligation** — 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. The procedure may be done at another time as well.

**Essure®** — Essure® is a permanent birth control method in which a tiny coil is 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 coil is placed after you are given local

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anesthesia (medicine is injected into the cervix to prevent pain). A back up method of birth control (eg, pills, condoms) is needed until you have a test confirming that the fallopian tubes are completed 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.

**OTHER BIRTH CONTROL METHODS** — Some women and their partners cannot or choose not to use the birth control methods mentioned above due to religious or cultural reasons. Fertility-awareness based methods for preventing pregnancy are based upon the physiological changes during the menstrual cycle. These methods, also called "natural family planning," involve identifying the fertile days of the menstrual cycle using a combination of cycle length and physical manifestations of ovulation (change in cervical secretions, basal body temperature) and then avoiding sexual intercourse or using barrier methods on those days.