

# Contraception

## Information for patients and carers

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### What is Contraception?

Contraception can help you prevent pregnancy, plan for your next baby and improve symptoms of painful and heavy periods.

### Why is contraception important after having a baby?

Becoming pregnant and having a baby too soon after a birth can make your pregnancy higher risk for you and your baby.

Inter-pregnancy interval: the term used to describe the time between birth and the start of a next pregnancy.

- After vaginal delivery, inter-pregnancy intervals of less than 18 months have a small increased risk of preterm birth, low birth weight and pre-eclampsia (a condition affecting your placenta and blood pressure). Intervals of less than 6 months can lead to significantly higher risks for you and the baby.
- After caesarean section (surgical birth), inter-pregnancy intervals of less than 12 months are associated with an increased risk of uterine rupture. Uterine rupture is when the uterus tears open usually at the scar of the previous caesarean section.
- Contraception can help you to plan more thoroughly the timing of your next pregnancy.

### Types of Contraception Options

#### Mirena/Kyleena IUD

What: reversible hormone infused device that is inserted into the uterus through the vagina

When: within 12 hours of birth, 6 weeks postpartum or at time of caesarean section

Risk of pregnancy: 0.2 in 100 women per year; 99.8% effective

Pros: lasts 5 years; amenorrhea (no periods) is common; treatment of endometriosis; quick return of fertility with removal

Cons: some women develop spotting between periods

Contraindications: abnormal cervix/uterus; pelvic inflammatory disease

Breastfeeding: no effect; safe to use

Cost: From \$41 PLUS GP insertion fee (free in hospital)

### Implanon

What: hormone infused device inserted under skin of arm

When: anytime postpartum

Risk of pregnancy: 0.05 in 100 women per year; 99.95% effective (most effective option)

Pros: lasts 3 years; lighter/no periods

Cons: spotting & irregular bleeding are common

Contraindications: liver disease

Breastfeeding: no effect; safe to use

Cost: From \$41 PLUS GP insertion fee (free in hospital)

### Vasectomy

What: surgical procedure for men

When: anytime

Risk of pregnancy: 0.15 in 100 women per year; 99.85% effective

Pros: high efficacy; less risky than tubal ligation

Cons: permanent

### Tubal ligation

What: permanent surgical procedure for women

When: at time of planned caesarean section or at least 6 weeks postpartum

Risk of pregnancy: 1 in 200 women per year; 99.5% effective

Pros: high efficacy; possible reduction in ovarian cancer risk if tubes are removed

Cons: permanent & irreversible; riskier than vasectomy; can cause heavy menstrual bleeding; risks of anaesthetic

Breastfeeding: no effect; safe to use

## Combined Pill

What: tablet containing oestrogen and progesterone (hormone)

When: 6 weeks postpartum

Risk of pregnancy: 8 in 100 women per year; 92% effective

Pros: lighter periods common; reduction in pelvic pain; management of endometriosis

Cons: must be taken every day; increased risk of blood clots

Contraindications: Blood clots in legs or lungs; migraines with aura; liver disease/dysfunction; smoking and age over 35 increases blood clot risk

Breastfeeding: no evidence in studies to interfere with breastfeeding;

Advice: commonly given advice is to start 6 weeks postpartum but there is little evidence to support.

Cost: from \$23 per month

## Minipill

What: tablet containing one type of hormone (progesterone)

When: anytime postpartum

Risk of pregnancy: 9 in 100 women per year; 91% effective with perfect use (taking at same time every day)

Pros: no effect on breastfeeding

Cons: must be taken every day at the same time; less effective in younger patients (under 30 years old)

Contraindications: less effective for women who are overweight; liver disease; inability to take pill at same time every day; does not work as well for women under 30 due to high fertility

Not for women who strictly do not want or should not have another pregnancy

Recommend using condoms as well

Breastfeeding: no effect; safe to use

Cost: From \$25+ per month

## Depo Provera

What: injection of a form of progesterone (hormone) When: anytime postpartum Risk of pregnancy: 4 in 100 women per year; 96% effective

Pros: last 3 months; effective short-term plan

Cons: Injection every 3 months; can cause irregular bleeding if used in first 6 weeks postpartum; risk of osteoporosis when used for more than 18 months

Contraindications: liver disease Breastfeeding: no effect; safe to sue

Cost: From \$31+ every 3 months

## Condoms

What: barrier method

When: immediately prior to sexual activity Risk of pregnancy: 13 in 100 women per year; 87% effective

Pros: no hormones or prescription; STI protection

Cons: poor efficacy with normal use

Contraindications: latex allergy

Breastfeeding: no effect; safe to use

Cost: From \$0.50+ per condom

## Lactational Amenorrhea/Breastfeeding Method

What: First 6 months postpartum.

Breastfeeding baby every 4- 6 hours causes amenorrhea (lack of period).

Risk of pregnancy: 1-7 pregnancies per 100 women at 6 months; 93-99% effective

Pros: accessible to all women

Cons: No longer effective if there is even one feed more than 6 hours after the last feed.

Only effective for 6 months or 1st period—whichever comes first.

Contraindications: Not for women who strictly do not want or should not have another pregnancy.

Breastfeeding: no effects