



## Using Long-Acting Reversible Contraception Right After Childbirth

- **Why should I think about using birth control right after I have a baby?**
- **When should I talk with my doctor about using birth control after my baby is born?**
- **What are long-acting reversible contraception methods?**
- **Why are long-acting reversible contraception methods a good option for women to use right after having a baby?**
- **How effective are long-acting reversible contraception methods?**
- **What is the intrauterine device?**
- **How does the intrauterine device work?**
- **What are the benefits of the intrauterine device?**
- **How is the intrauterine device inserted after a vaginal birth?**
- **How is the intrauterine device inserted after a cesarean birth?**
- **Is it safe to get an intrauterine device right after giving birth?**
- **What are possible side effects of using the intrauterine device?**
- **What are possible risks of using the intrauterine device?**
- **What is the birth control implant?**
- **How does the implant work?**
- **What are the benefits of the implant?**
- **How is the implant inserted?**
- **What are possible side effects of using the implant?**
- **What are possible risks of using the implant?**
- **Can I use a long-acting reversible contraception method while I am breastfeeding?**
- **Glossary**

### **Why should I think about using birth control right after I have a baby?**

It is possible to get pregnant very soon after having a baby if you have sex and do not use birth control. Some women can become pregnant even before their menstrual periods return. Starting a birth control method immediately after you have a baby can help you avoid an unintended pregnancy. It also lets you control if or when you want to become pregnant again.

### **When should I talk with my doctor about using birth control after my baby is born?**

You can talk with your **obstetrician–gynecologist (ob-gyn)** or other health care professional about birth control options while you are still pregnant or right after giving birth. You also can talk with your ob-gyn or other health care professional before you go home from the hospital.

## What are long-acting reversible contraception methods?

The **intrauterine device (IUD)** and the **birth control implant** are long-acting reversible contraception (LARC) methods. Both are safe and highly effective in preventing pregnancy. They last for several years, and you can stop using them at any time if you choose. Using the IUD or the implant does not affect your ability to get pregnant in the future.

## Why are long-acting reversible contraception methods a good option for women to use right after having a baby?

Starting one of these methods before you leave the hospital is convenient. The IUD or implant can be inserted while you are still in the delivery room or in the days after giving birth before you go home. Getting one of these methods before you go home also means you will not need a separate office visit later for IUD or implant insertion.

## How effective are long-acting reversible contraception methods?

During the first year of use, fewer than 1 in 100 women with an IUD or implant will become pregnant. For comparison, 9 in 100 women will become pregnant in the first year of using the birth control pill, and 18 in 100 women will become pregnant in the first year of using the male condom.

## What is the intrauterine device?

The IUD is a small, T-shaped, plastic device that is inserted into and left inside the **uterus**. The IUD is a safe and effective form of birth control. There are two types of IUDs:

1. The hormonal IUD releases the hormone **progestin** in the uterus. There are different brands of hormonal IUDs that last for different lengths of time. Depending on the brand, they are approved for up to 3–5 years of use.
2. The copper IUD releases copper in the uterus. This IUD does not contain hormones. It is approved for up to 10 years of use.

## How does the intrauterine device work?

The IUD works mainly by preventing **fertilization** of an **egg** by **sperm**. The progestin in the hormonal IUD thickens mucus found in the **cervix**. Thicker mucus makes it harder for sperm to enter the uterus and reach an egg. Progestin also thins the lining of the uterus.

The copper in the copper IUD interferes with sperm's ability to move. When sperm stop acting normally, it is harder for them to enter the uterus and reach an egg.

## What are the benefits of the intrauterine device?

The IUD can be inserted in the uterus within 10 minutes of a vaginal birth or **cesarean birth**. The IUD has the following benefits:

- If you wish to get pregnant again or if you want to stop using it, you can have the IUD removed at any time by an ob-gyn or other health care professional.
- Once the IUD is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control.
- It does not interfere with sex or daily activities.
- There are few medical problems that prevent its use. Almost all teenagers and adult women are able to use an IUD.
- Over time, the hormonal IUDs can help decrease menstrual pain and heavy periods.

IUDs do not protect against **sexually transmitted infections (STIs)**. Using a latex or polyurethane condom every time you have vaginal, oral, or anal sex decreases the chance of getting an STI.

## How is the intrauterine device inserted after a vaginal birth?

If you have a vaginal birth, your ob-gyn or other health care professional will insert the IUD after you deliver the **placenta**. The IUD will be guided through the **vagina** and the cervix and then into the uterus. The IUD has strings made of thin plastic thread, which your ob-gyn will use to remove the IUD when you are ready to stop using it.

After placement, the strings are trimmed so that they extend just past the cervix into your vagina. The strings should not bother you. In rare cases, your sexual partner may feel them during sex. If this occurs and it is a concern, your ob-gyn or other health care professional may be able to trim the strings.

## How is the intrauterine device inserted after a cesarean birth?

If you have a cesarean birth, the placenta will be removed from your uterus. The IUD will then be placed in the uterus before your ob-gyn or other health care professional closes the cut in your uterus that was made for delivery of your baby. The IUD strings will be placed so they fit into the cervix and can extend into the vagina.

## Is it safe to get an intrauterine device right after giving birth?

Most women can safely have an IUD inserted after giving birth to a baby, but some women should not, including those with signs of infection or serious bleeding.

### What are possible side effects of using the intrauterine device?

When a woman uses an IUD, changes in menstrual bleeding are normal and not harmful. With the copper IUD, painful periods and bleeding may increase during the first months of use. Over-the-counter pain relievers may be used for pain and bleeding.

Hormonal IUDs may cause frequent spotting, more days of bleeding, and heavier bleeding in the first months of use. Over time, the amount of bleeding and the length of your period usually decrease. Menstrual pain also usually decreases. For some women using a hormonal IUD, periods stop completely. Some women also may experience other side effects. These side effects may include headaches, nausea, breast tenderness, and mood changes.

### What are possible risks of using the intrauterine device?

Serious complications from IUDs inserted right after childbirth are rare. When women have problems, they can include the following:

- In a small number of women, the IUD may come out of the uterus and fall out of the vagina. This risk is slightly higher if the IUD is placed immediately after childbirth. This will not harm you, but if the IUD is no longer in place, you are at risk of pregnancy. You should use another form of birth control until you can see your ob-gyn or other health care professional. You may be able to have a new IUD inserted.
- Rarely, pregnancy may occur while a woman is using an IUD. In the rare case that a pregnancy occurs with the IUD in place, there is a higher chance that it will be an **ectopic pregnancy**.
- The IUD can go through the wall of the uterus during insertion. This usually does not cause any major health problems, but the IUD will need to be removed. It is rare and occurs in only about 1 out of every 1,000 placements.

### What is the birth control implant?

The birth control implant is a flexible, plastic rod about the size of a matchstick that is inserted just under the skin in the upper arm. It releases progestin into the body. The implant is approved for up to 3 years of use.

### How does the implant work?

While you are using the implant, progestin prevents pregnancy mainly by stopping **ovulation**. The progestin in the implant thickens the mucus of the cervix, which makes it harder for sperm to enter the uterus and reach the egg. Progestin also thins the lining of the uterus.

### What are the benefits of the implant?

The implant has the following benefits:

- If you wish to become pregnant again or if you want to stop using it, you can have the implant removed at any time by an ob-gyn or other health care professional.
- Once the implant is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control. The implant cannot be seen under the skin (but it can be felt).
- It does not interfere with sex or daily activities.
- There are few medical conditions that prevent its use. Almost all teenagers and adult women are able to use the implant.
- It can reduce pain during your period.

The implant does not protect against STIs. Using a latex or polyurethane condom every time you have vaginal, oral, or anal sex decreases the chance of getting an STI.

### How is the implant inserted?

The implant can be inserted in the delivery room or at any time before you leave the hospital after giving birth. An ob-gyn or other health care professional will insert the implant into your arm. He or she will numb a small area on the inside of your upper arm with a pain medicine. The implant is placed under the skin with a special inserter. The procedure takes only a few minutes.

### What are possible side effects of using the implant?

The implant can cause changes in menstrual bleeding. The most common change is unpredictable bleeding. Periods may be less frequent and may stop completely. But in some women, periods are more frequent and last longer. Other side effects may include digestive difficulties, headaches, breast pain, weight gain, and acne.

### What are possible risks of using the implant?

Possible risks with use of the implant include the following:

- Problems with insertion of the implant are rare but may include pain, slight bleeding, bruising, infection, and incorrect insertion.

- Although rare, if a woman gets pregnant after the implant is inserted, there is a slightly increased risk of ectopic pregnancy. The implant may be removed if pregnancy occurs.

### Can I use a long-acting reversible contraception method while I am breastfeeding?

Yes. LARC methods are safe to use while breastfeeding.

### Glossary

**Birth Control Implant:** A small, single rod that is inserted under the skin in the upper arm by a health care professional. It releases a hormone and protects against pregnancy.

**Cervix:** The lower, narrow end of uterus at the top of the vagina.

**Cesarean Birth:** Birth of a fetus from the uterus through an incision made in the woman's abdomen.

**Ectopic Pregnancy:** A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

**Egg:** The female reproductive cell produced in and released from the ovaries; also called the ovum.

**Fertilization:** Joining of the egg and sperm.

**Intrauterine Device (IUD):** A small device that is inserted and left inside the uterus to prevent pregnancy.

**Obstetrician–Gynecologist (Ob-Gyn):** A physician with special skills, training, and education in women's health.

**Ovulation:** The release of an egg from one of the ovaries.

**Placenta:** Tissue that provides nourishment to and takes waste away from the fetus.

**Progestin:** A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

**Sexually Transmitted Infections (STIs):** Infections that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

**Sperm:** A cell produced in the male testes that can fertilize a female egg.

**Uterus:** A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

**Vagina:** A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

### If you have further questions, contact your obstetrician–gynecologist.

**FAQ500:** Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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