

Fertility after giving birth

Predicting the return of fertility after giving birth is difficult and impacted by several factors, including **breastfeeding**.

- Some women will ovulate within **4 to 6 weeks** of delivery.
- Ovulation returns before your menstrual period. For example, women ovulate and get a period 2 weeks later.

The return of fertility is unpredictable. Your doctor won't be able to tell you when you are going to ovulate. Therefore, it is important for you to consider using contraception until you are ready to try to conceive again.

Common misconceptions among postpartum women

I will not be interested in having sex during my postpartum period.

FALSE:

Libido in the postpartum period is variable, and there is no "normal." After giving birth, libido is impacted by many things, including tissue healing, vaginal dryness related to low estrogen from breastfeeding and new demands of motherhood.

Contraception will negatively impact my ability to breastfeed.

FALSE:

There are several effective contraceptive methods that have no impact on breastfeeding or your baby.

If I am breastfeeding my baby, I don't need to use birth control.

FALSE:

Breastfeeding is only effective at preventing pregnancy when you feed at least every 4 hours with no formula supplementation, for up to 6 months postpartum, assuming you haven't gotten your period yet.

Choosing the right option for you

Factors to consider when choosing postpartum birth control include:

• **Hormonal vs. non-hormonal options**

- Hormonal birth control comes in many forms (pill, patch, ring, injections, IUD) and may contain both estrogen and progesterone or progesterone alone. Estrogen-containing options may decrease breastmilk supply (see reverse).
- Non-hormonal options include condoms, copper IUD, fertility awareness method and withdrawal

• **Reversible vs. permanent options**

- Most birth control options are reversible. Reversible options do not delay the return of fertility when stopped.
- There are permanent forms of contraception for both men and women:
 - Tubal sterilization ("Tubes tied") for women
 - Vasectomy for men

Other considerations

• **Cost**

- Ranges from \$0 to \$400
- Many birth control options are covered by basic drug plans
- Ontario residents with OHIP coverage are eligible for free contraception when aged 25 years or younger

• **Effectiveness**

- 85 out of 100 women will get pregnant within one year without contraception
- If you are trying to prevent pregnancy in the postpartum period, it is important to have an **effective and reliable** form of birth control
- Methods range from 75% to >99% effectiveness

• **Route of Administration**

- Having a newborn is a busy time. Different birth control options require different levels of attention. For example:
 - Long-acting reversible contraception like the IUD or the progesterone implant need to be inserted by a health care provider, but typically require no attention after insertion
 - Progesterone-only oral contraceptive pills must be taken everyday at the same time to prevent ovulation

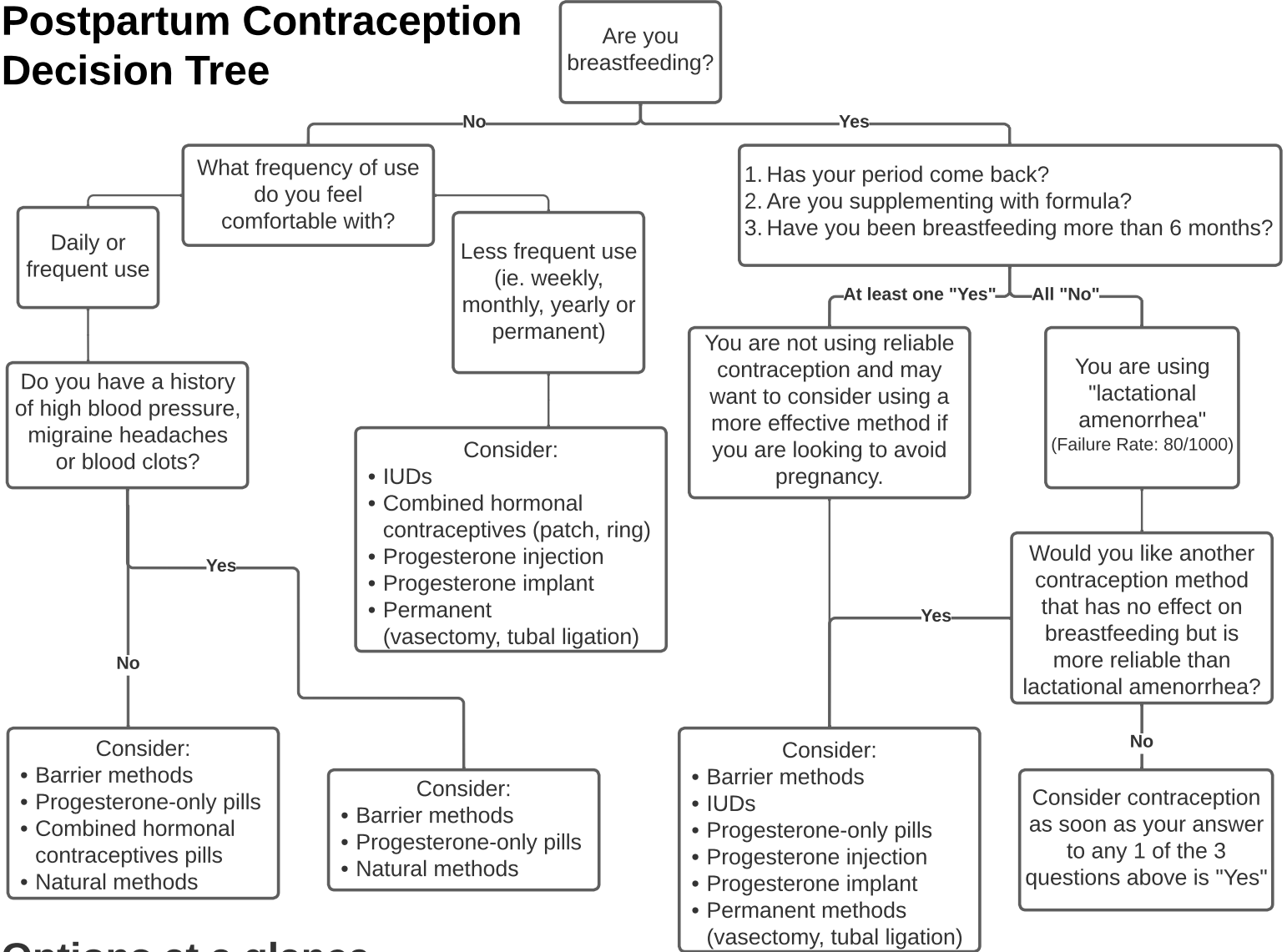
If you have questions about what method of contraception is right for you during your postpartum period, you can ask your doctor or midwife. A postpartum visit typically happens 6 weeks after you have had your baby.

You can also find more information from the Society of Obstetricians and Gynaecologists of Canada (SOGC) about the post-partum period and birth control here:



Gladstone R, Brent S, Karol D, Hojabri S, Al-Harbi, H, Shirreff L
v. 10/18/22

Postpartum Contraception Decision Tree



Options at a glance...

Copper IUD
(e.g. *Mona Lisa, Liberte*)

- Cost: \$65-\$90
- Effect on Breastfeeding: None
- Considerations: Can make periods heavier and more painful, inserted in clinic, can have same IUD for 5+ years,
- Failure rate*: 8/1000

Progesterone Injection
(e.g. *Depo Provera*)

- Cost: \$180/year
- Effect on Breastfeeding: None
- Considerations: Injection every 3 mos, can be started anytime, may not be optimal for women with low mood
- Failure rate*: 60/1000

Barrier Methods
(e.g. Male and Female Condoms)

- Cost: \$1-\$3/use
- Effect on Breastfeeding: None
- Considerations: Protection against sexually transmitted infections (STIs)
- Failure rate*: 200/1000

Progesterone IUD
(e.g. *Mirena*)

- Cost: \$400
- Effect on Breastfeeding: None
- Considerations: Can have nuisance spotting for 3-6 months, inserted in clinic, can have same IUD for 5 years
- Failure rate*: 2/1000

Combined Hormonal Contraception
(e.g. pill, patch, ring)

- Cost: \$15-\$30/month
- Effect on Breastfeeding: Estrogen component may decrease milk supply
- Considerations: Dosing is daily (pill), weekly (patch) or monthly (ring)
- Failure rate*: 90/1000

Natural Methods
(e.g. Withdrawal, Rhythm Method)

- Cost: Free
- Effect on Breastfeeding: None
- Considerations: Requires dedication to tracking cycles, cannot use rhythm method while breastfeeding
- Failure rate*: 240/1000

Progesterone Only Pill
(e.g. *Micronor*)

- Cost: \$15-\$30/month
- Effect on Breastfeeding: None
- Considerations: Must be taken at the same time every day, may not be optimal for women with low mood
- Failure rate*: 90/1000

Progesterone Implant
(e.g. *Nexplanon*)

- Cost: \$400
- Effect on Breastfeeding: None
- Considerations: Can have nuisance spotting for 3-6 months, inserted in the office, lasts 3 years
- Failure rate*: 2/1000

Permanent Methods
(e.g. Vasectomy, Tubal Ligation)

- Cost: Covered by OHIP
- Effect on Breastfeeding: None
- Considerations: Considered Irreversible, tubal ligation requires surgery (risk of bleeding and infection)
- Failure rate*: 1/1000

*Pregnancies for every 1,000 women over one year with typical use