

How to contact us

The Wolverton Centre offers a full sexual health service including:

- Contraception information and provision
- IUD/IUS insertion and removal
- Implant insertion and removal

For information and advice: www.sexualhealthkingston.co.uk

For appointments and information

Mon, Thu and Fri 8am – 3:30pm

Tue and Wed 12 – 7:30

Please call 0208 974 9331

Please note we are NOT operating any walk-in services due to the current COVID pandemic.

Following your call we will arrange for a telephone consultation to assess your needs.

Community sexual health services in Kingston

Tel 0208 549 6323

www.yourhealthcare.org/services/community_contraception_and_sexual_health

Sexual and Reproductive Health Services

Starting Contraception After Having A Baby

Helping you choose the method of contraception that's best for you

There are many very effective and safe methods of contraception that are ideal for women who have just had a baby and want to space their pregnancies. WHO advises a minimum interval between pregnancies of 18 months to achieve best outcomes for mum and babies.

→ **Pregnancy is possible from 3 weeks following delivery, so it is important to get contraception sorted as soon as possible.**

Living our values *every day*



Read this leaflet to get more detailed information about different methods to get a better idea of what might suit you.

Contraception and Breastfeeding

When you are breastfeeding there are a number of contraceptive options for you that should not affect your baby or your supply of milk (mentioned in detail in this leaflet). Breastfeeding is not a reliable method of contraception.

However, you are less likely to get pregnant if:

- Your baby is less than six months old **AND**
- Your periods have not come back **AND**
- You are fully breastfeeding day and night with no bottle feeds at all

If you have problems with breastfeeding or milk supply you should contact the infant feeding centre in the hospital for advice

Contraceptive Methods Available on the Postnatal Wards

Progesterone Only Pills

These pills contain only one hormone, progestogen. This method suits women who want to take pills but who cannot have estrogen. The pills are taken every day. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg and newer ones that keep the ovary from releasing eggs.

Advantages

- 91% effective
- Quick return to fertility on stopping
- Suitable for breastfeeding women
- Safe for women who cannot have estrogen
- May have no bleeding

Disadvantages

- May have irregular bleeding
- Must remember to take at the same time each day

When can I start?

Immediately if you want to - we can give you a supply of pills before leaving hospital.

Contraceptive Injection

The injection contains progestogen, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus which helps to block sperm from getting to the egg in the first place.

Advantages

- 94% effective
- Lasts for 3 months
- May have lighter or no periods
- Suitable for breastfeeding women
- Can now be self-administered at home following training from a nurse or doctor

Disadvantages

- Must see a health professional every three months for the injection (unless you choose to give the injection to yourself)
- Possible delay in return to fertility
- Possible irregular periods

When can I start?

Immediately if you want to – can be given in the wards before discharge

Intrauterine Contraception

Intra-uterine contraceptives can be fitted during elective caesarean section OR six weeks following delivery. They can be removed early if you wish for a further pregnancy before the device expires. You will need to get the device check 6 weeks following delivery.

We offer 2 types of intra-uterine contraceptives.

Hormonal Intrauterine System (IUS)

The hormonal intrauterine system (IUS) (sometimes known as a mirena) is a T-shaped device that is placed in your uterus (womb). It releases a small amount of progestogen, which prevents sperm from getting through the cervix.

Advantages

- >99% effective
- Lasts for up to five years
- It can be removed easily
- Very low dose of safe hormone
- Quick return to fertility
- Periods/bleeding will probably be lighter (or bleeding might stop altogether)
- Suitable for breastfeeding women

Disadvantages

- May have irregular bleeding which takes a few months to settle
- Must be inserted and removed by a clinician

When can I start?

At elective caesarean section or six weeks following delivery

Copper Intrauterine Device (IUD)

The copper IUD is a T-shaped device that is placed in your uterus (womb) and alters the way sperm move. This prevents them from fertilising an egg. This type of IUD has a small amount of safe copper and is hormone free.

Advantages

- >99% effective
- Lasts for up to 10 years
- It can be removed easily
- No hormones
- Quick return to fertility
- Continued regular periods
- Suitable for breastfeeding women

Disadvantages

- Possible heavier, more painful periods – more likely in women who have heavy periods prior to insertion
- Must be inserted and removed by a clinician

When can I start?

At elective caesarean section or six weeks following delivery

Other Forms of Reversible Contraception

There are other contraceptive methods available from the Wolverton Clinic or your GP.

Contraceptive Implant

The implant is a tiny rod, about the size of a bendy matchstick that is inserted under the skin of your upper arm. The implant releases a hormone called progesterone that prevents your ovaries from releasing eggs and thickens cervical mucus.

Advantages

- >99% effective
- Lasts for three years
- Quick return to fertility
- Periods may be lighter
- Suitable for breast feeding women

Disadvantages

- Possible irregular periods (or no bleeding)

When can I start?

Immediately if you want to – can be inserted at the Wolverton Sexual health clinic or at some GPs

Combined Hormonal Contraceptive Methods – Pills, Vaginal Rings and Patches

These pills, vaginal rings and patches contain two hormones, estrogen and progesterone, that prevent your ovaries from releasing an egg. There are lots of different kinds of products on the market.

Advantages

- 91% effective with typical use
- Regular, shorter, lighter and less painful periods
- Reversible after stopping
- May help with acne

Disadvantages

- May initially have irregular bleeding
- Cannot be used by breastfeeding women for the first 6 weeks. Another method may be needed during this time
- Many women cannot use estrogen-containing contraceptives for other health reasons

When can I start?

- If you are NOT breast feeding, you may be able to start three weeks after you have your baby

Surgical Methods of Permanent Sterilization

These methods involve surgery to the male and female reproductive organs to cause usually irreversible sterilisation.

- It is important to remember that the intrauterine methods (hormone IUS and copper IUD) and implant mentioned in this leaflet are at least as effective as surgical sterilisation

Surgical Sterilisation

Female Sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. You will need to have it done in hospital.

Male Sterilisation (Vasectomy)

This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick procedure done under local anaesthetic.

Advantages

- >99% effective
- Permanent
- **Male sterilisation is more effective than female sterilisation**
- No change in periods
- Limited or no change in sexual function

Disadvantages

- Irreversible
- Surgical procedures
- Risk of complications
- Requires anaesthetic (local or general in some cases)

When can the procedures be performed?

Female sterilisation

Failure rates are higher if procedure is carried out at the time of delivery as are rates of regret. You will need to discuss timings with your GP who will be able to arrange a referral.

Male Sterilisation (vasectomy)

You will normally be advised to wait until your youngest child is a year old before you have a vasectomy. Ask your GP for referral when your baby is 8-9 months

Emergency Contraception

If you have unprotected sex in the first 3 weeks after having your baby you will not need emergency contraception. If you have any sex after the first 21 days without using reliable contraception then you could get pregnant.

There are two main types of emergency contraception – the copper IUCD (coil) and hormone pills.

→ **Copper IUD (Copper Coil)**

See overleaf for more information about the IUD.

This is the most effective method of emergency contraception (99% effective) and is 10 times more effective than the emergency pills.

You can have an emergency IUD fitted up to up to 5 days after unprotected sex.

We can fit them at the Wolverton Sexual Health Clinic

→ **Progestogen pill**

This is known as the “morning after” pill because it is most effective if it is taken within 24 hours of unprotected sex. It can be taken up to 3 days after unprotected sex but will get less effective the longer you wait to take it.

It is suitable for breastfeeding women

You can get the progestogen pill from some pharmacies, your local sexual health clinic or your GP.

→ **Ullipristal Acetate (EllaOne)**

This pill can be taken up to 5 days after unprotected sex.

It is more effective than the progestogen pill. You can get EllaOne free of charge from some pharmacies, for your local sexual health clinic or your GP.

Breastfeeding women are advised to discard breast milk for 7 days after taking EllaOne.