

Lactational amenorrhoea (fully breastfeeding as a contraceptive)

Lactational amenorrhoea is when breastfeeding is used as a method of contraception.

It is 98% effective when used correctly.

To use it correctly, the following criteria must be met:

- Your baby must be less than 6 months old.
- Your periods must have not returned.
- You must be fully breastfeeding your baby. (This means no bottle feeds and no longer than 4 hours between feeds during the day and 6 hours between feeds at night. If your baby misses any feeds or begins to sleep for long periods at night, your risk of pregnancy will increase, and you should use an added method of contraception if you wish to avoid pregnancy).

Once your periods return, contraception should be used to avoid pregnancy, even if you are still fully breastfeeding. Contraception is also advised once your baby turns 6 months old.

If you have difficulty establishing breastfeeding, are using complimentary feeding, or if you decide to bottle feed, lactational amenorrhoea will not work for you, and you will need to use contraception as soon as you resume sexual intercourse after the birth of your baby.

Emergency contraception (EC) options in the post-natal period

Emergency contraception (EC) can reduce the risk of pregnancy when unprotected intercourse occurs. For example, when no contraception was used, a condom broke, your diaphragm slipped, or you took your pill late.

There are three types of emergency contraception available in Australia:

- **Levonorgestrel EC.** This oral pill contains progestogen and works by stopping or delaying ovulation.

It needs to be taken within 3 days (72 hours) of unprotected sex. The sooner it is taken, the better.

It is available over the counter at most pharmacies, the Walk-in Centres in the ACT, SHFPACT, Canberra Sexual Health Centre, and The Junction Youth Health Centre. It is safe to use while breastfeeding.

- **Ulipristal EC.** This oral pill contains a progesterone blocker and works by stopping or delaying ovulation.

It needs to be taken within 5 days (120 hours) after unprotected intercourse. The sooner it is taken, the better. Ulipristal acetate EC has been shown to be more effective than the Levonorgestrel EC. It is available over the counter from pharmacies.

If you are breastfeeding, and Ulipristal-EC is considered the best choice for you, you can continue to breastfeed after taking it. If you wish to minimise any exposure to Ulipristal-EC for your baby, you can express and discard the breastmilk for 24 hours afterwards.

- **The Copper IUD.** A copper IUD can be used as emergency contraception and is 99% effective at preventing pregnancy. It needs to be inserted by a specially trained doctor within 5 days of unprotected intercourse and can be used from four weeks after birth. It can also be used as ongoing contraception. The hormone releasing IUDs are not effective as emergency contraception.

When can I resume sexual intercourse after having a baby?

There is no set time to resume sexual activity after having a baby, it is really an individual decision. You may or may not feel like having sex for a while after the birth of your baby. Be guided by your own emotions and how you feel physically.

You can find other ways to be intimate and sexually close with your partner until you feel ready to have sexual intercourse again. It's important to talk with your partner and let them know how you are feeling about it.

Will sexual intercourse be uncomfortable?

Many people feel concerned that sexual intercourse will be uncomfortable after giving birth. Discomfort may occur because vaginal lubrication can be decreased due to the hormonal changes of birth and breastfeeding. Using a good quality personal lubricant during intercourse is very helpful.

There are also simple treatments available that can help with this, so discuss it with your doctor. Discomfort with sex may also be related to an episiotomy or tear that is still healing after a vaginal delivery.

Recovery usually takes place over a few weeks to months. Do not continue intercourse if it is painful or uncomfortable and wait a few days before attempting it again. If sexual intercourse continues to be uncomfortable over an extended period, you should see a doctor to discuss it.

For more details on individual contraceptive methods, please see SHFPACT's website: <http://www.shfpact.org.au/>

References: RANZCOG -Category Guideline (Signposting)
-C-Gyn 3 Contraception (2024), Medicine Today.
2025;26(7);33-38, Ulipristal-Acetate-Emergency-
Contraception-and-Breastfeeding.pdf

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Post Natal Contraception



Post natal contraception

If there is a chance you will be sexually active and want to avoid pregnancy after you have had your baby, you will need contraception.

Pregnancy can occur from as early as 21 days after birth, so it is important to know what contraception you will be using before this time.

A pregnancy that occurs within 12 months of giving birth can place extra stress on you and your unborn baby and carry more risks of complications, so having effective contraception during this time is particularly important.

Your choice of contraception will depend on many factors, such as how effective the method is, suitability for your personal and medical circumstances, and your personal preference.

Contraceptive options in the post-natal period

The contraceptive implant (the rod)

- The contraceptive implant (Implanon) is a small plastic rod that has the hormone progestogen in it. It is inserted beneath the skin on the underside of the upper arm.
- It works by preventing ovulation and lasts for 3 years
- It is over 99.5% effective
- It can be inserted at any time after birth
- The contraceptive implant can be used when breastfeeding



Intra-uterine devices (IUDs)

- An IUD is a small plastic device that is inserted into the uterus. There are two types of IUDs:
 - **The hormonal IUDs** (Mirena® which lasts 8 years, and Kyleena® which lasts 5 years)
 - **The copper IUD** lasts for 5 or 10 years depending on the type.
- IUDs work in several ways: by stopping the egg and sperm meeting, and by changing the lining of the uterus so it cannot support a fertilised egg. Hormonal IUDs also thicken the mucus in the cervix
- Both types of IUDs are over 99% effective
- An IUD can be inserted from 4 weeks following birth, but it is possible to insert one earlier in some situations
- Both the hormonal IUD and the copper IUD can be used when breastfeeding.

The contraceptive injection

- The contraceptive injection is a hormonal contraceptive containing a progestogen, which is given every 12 weeks

- It works by preventing ovulation
- It is 99% effective with perfect use and 96% effective with typical use
- As there can be a delay in return to fertility after stopping the contraceptive injection this method may be less suitable if you are considering another pregnancy within 2 years
- It can be started any time after birth
- The contraceptive injection can be used when breastfeeding

The combined oral contraceptive pill

- The combined oral contraceptive ('the pill') contains two hormones, oestrogen, and a progestogen
- It works by preventing ovulation
- It is 99% effective with perfect use and 93% effective with typical use
- The pill can be started from 3 weeks after birth if you are not breastfeeding
- When breastfeeding, the pill is safe to use from 6 weeks after birth

The vaginal ring

- The vaginal ring is a soft plastic ring that contains two hormones, oestrogen, and a progestogen. A new ring is needed every 4 weeks. Each ring is left for 3 weeks, you then remove it and discard it, wait 7 days then replace it with a new ring.
- It works by preventing ovulation
- It is 99% effective with perfect use and 93% effective with typical use
- The vaginal ring can be started from 3 weeks after birth if you are not breastfeeding
- When breastfeeding, the vaginal ring is safe to use from 6 weeks after birth



The progestogen-only pill (mini pill)

- The mini pill is a progestogen only pill that must be taken at the same time every day
- It works by thickening the mucus in the cervix
- It is 99% effective with perfect use and 93% effective with typical use
- It can be started any time after birth
- The mini pill can be used when breastfeeding

The progestogen-only pill (Slinda®)

- Slinda® is a contraceptive pill that contains the progestogen drospirenone
- It works by preventing ovulation and thickening the mucus in the cervix
- It is 99% effective with perfect use and 93% effective with typical use

- You can start Slinda® any time after birth
- Slinda® can be used when breastfeeding

External Condoms

- A condom is a thin sheath that is placed over the penis during sex
- Condoms work as a barrier method, preventing sperm from entering the vagina
- Condoms are 98% effective with perfect use and 88% effective with typical use
- The use of water-based lubricant is advised to make sex more comfortable and to reduce the risk of the condom breaking
- They can be used as soon as you resume sexual intercourse



Internal Condoms

- The internal condom is a thin pouch that is inserted into the vagina. They are available to order online.
- Internal condoms work as a barrier method preventing sperm entering the vagina
- Female condoms are 95% effective with perfect use and 79% effective with typical use
- Internal condoms can be used as soon as you resume sexual intercourse

The Caya diaphragm

- The Caya diaphragm is a silicone dome placed into the vagina before intercourse and left in for a minimum of 6 hours
- It is a barrier method that covers the cervix and prevents sperm from entering the uterus
- The Caya diaphragm is 86% effective with perfect use and 82% effective with typical use
- To ensure that the Caya diaphragm is right for you, we recommend that you have a fitting before buying one online
- The Caya diaphragm can be used from 6 weeks after birth

Sterilisation

The two sterilisation methods available are vasectomy for people with a penis and tubal ligation for people with a uterus. They are both over 99% effective. As sterilisation is regarded as a permanent method, it is advisable to take the time to thoroughly consider all aspects before deciding.

If you are interested in sterilisation, talk to your GP or a doctor at the SHFPACT Clinic. You will need a doctor's referral for tubal ligation.