



Contraception for the Post-Partum Couple

Summary

Effectiveness rates reflect usage by 100 couples for one year. For example: if 100 couples use condoms for one year, approximately 10 will become pregnant. The failure rate is 10% and the effectiveness rate is 90%.

Barrier methods include those which provide a physical barrier between the sperm and the cervix. These include the sponge, the diaphragm and condoms. These are often, although not always, used in conjunction with vaginal spermicides such as contraceptive creams and jellies, suppositories, and foam. To be at all effective, the diaphragm should always be used with a contraceptive cream or jelly. On the other hand, creams and foams can be used alone. Their effectiveness, however, is greatly increased when used together with a condom and the sponge.

Barrier Methods

Diaphragm

Approximately 83% effective (17 pregnancies out of 100 couples)

Must be used each time the couple has intercourse

Should be (re)fit 6 - 12 weeks post-partum; size may change

Must be used with spermicidal cream or jelly

May be inserted up to 2 hours prior to intercourse

Additional application of cream or jelly with each intercourse

Must be left in place 6 - 8 hours after last intercourse

Sponge

75 - 83% effective; women who have had a baby are at the lower end of the effectiveness range

Must be used each time the couple has intercourse

Tends to absorb vaginal secretions; may not be good method for lactating women

Moisten with 2 TBS tap water; squeeze once

Insert over cervix; need to feel for cervix prior so know where it is and what it feels like

May be put in just prior to intercourse

Must be left in place 6 - 8 hours after last intercourse

Can have repeated intercourse without additional applications of spermicide

Upon removal, check to be sure it is intact

Condoms

88% effective (This rate is due to non-use; it is believed that when used “perfectly” condoms are 98% effective)

More effective than foam alone; increase effectiveness by combining condoms with foam or sponge

Lubricate with water, saliva, KY Jelly or spermicidal cream

Correct use: ½ reservoir or space for ejaculation

hold rim of condom at base of penis after ejaculation

after use, check for tears; if any, insert vaginal spermicide

lubricate with water, saliva, KY Jelly or spermicidal cream

Vaginal Spermicides

Contraceptive foam, jelly, or cream

Active ingredient is nonoxynol - 9

Effectiveness: most common error is failure to use. Estimated that “perfect use” would yield a 97% effectiveness rate.

Rate for foam is 71 - 98% (FDA 1987)

Rate for jelly/cream is 94 - 96% (FDA 1987)

Rate for spermicides used alone is 70 - 75% (Can. 1985)

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Must be inserted prior to intercourse and again for each subsequent intercourse

No douching or washing out vagina for 6 - 8 hours after last intercourse

Oral Contraceptives (OCS “The Pill”)

Effectiveness rate is 96 - 99.9%

50 - 75% of women who start taking the pill are still using it one year later. 25 - 50% discontinue use for a non-medical reason

“Combined pill” has both estrogen and progestins and may decrease milk supply in a lactating woman

“Mini-pill- is progestin only and does not reduce milk supply

“Low-dose” pill is combined and has little effect on nutritional status of nursing infant; small amounts of hormones do appear in breast milk but infants appear un-affected

Generally given at 6-week visit to being after next menses; woman will need a “back-up” method such as spermicide and/or barrier method until that time

IUD (Intra Uterine Device)

Not commonly used in Utah at this time

Lactation

Once supplementary formula or any solid food is introduced, any contraceptive effect of lactation is reduced

Contraceptive pills may effect quantity of milk

Conflicting opinions: FDA labels in pills recommend not using them until after weaning, but the American Academy of Pediatrics issued a statement in 1981 approving the use of combined pills in lactating women once effective lactation is well established

“Mini-Pill” is progestin only and has no effect on lactation; may be started immediately post-partum or at any time during lactation

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Barrier methods and vaginal spermicides have no effect on lactation

Lactating woman may run a slightly higher risk of uterine perforation with an IUD (Intra-uterine device)

Some lactating women practice abstinence for fear of harming their milk production. Intercourse in no way inhibits milk quantity or quality, that is, unless the woman becomes pregnant.

Non-Methods

Lactation

88 - 97% effective when nursing on demand, 24 hours a day. This is defined as every 25 minutes in newborn and every 80 minutes in a 3 year old. This amount and intensity of nursing is often enough to sufficiently alter hormonal levels so that ovulation does not occur.

Ovulation occurs prior to menstruation!

Douching Or Washing Out The Vagina

Sperm enter cervical canal within 15 seconds of ejaculation.

Withdrawal Or Pulling The Penis Out Before Ejaculation

One drop of pre-ejaculatory fluid may contain millions of sperm.

Rhythm Or Calendar

Using a calendar alone to "guesstimate" fertility is not reliable and needs to be combined with the observation of changes in the cervix and in cervical mucous. The Catholic Diocese in Salt Lake teaches the Fertility Awareness Method. Due to change in vaginal secretions during lactation, this method cannot be learned until after breastfeeding has been discontinued.

Hope

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(Prepared by: Robin A. Perley, MPH, Dec. 89, Resource: Contraceptive Technology, 1988 - 1989, Irving Publishers, Inc.)
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