Thinking of changing your birth control method after pregnancy?

The intrauterine system as a birth control option for busy moms.
Why should I think about birth control after having given birth to such a wonderful baby?

Being a mother is a wonderful time in life. Especially the first months when a baby consumes all of your time, it seems almost unbelievable that you would find enough time to even consider having another baby. In this respect, birth control that is easy and safe even when breastfeeding, after the first postpartum weeks is actually something you may think about.

When can I have sex with my partner for the first time after the baby is born?

Some women experience discomfort when they start having intercourse again after delivering a baby. If you’ve had an episiotomy (a surgical cut in the muscular area between the vagina and the anus) or vaginal laceration (tearing of the vaginal wall), you may experience some discomfort in the area in question for weeks or even months after delivery. Waiting to resume intercourse until the site is fully healed, usually about six weeks, is advisable for long-lasting recovery.

Can I get pregnant right away when having sex for the first time after delivery?

It’s very easy to become pregnant again – far sooner than you may have intended or thought possible. Try and decide on some form of family planning by the time your baby is four weeks old. If in doubt, ask your healthcare provider at your six week postnatal examination about contraception options that fit your needs.

What long-acting birth control options are currently available to me?

You can find several long-acting reversible contraceptives on the market:

A  Copper intrauterine device (IUD):
A plastic device placed inside the uterus that contains copper.

B  Progestin-only intrauterine system (IUS):
A plastic device placed inside the uterus that releases a low dose of progestin hormone over a period of 3 or 5 years, depending on the model.

C  Progestin-only injectable contraceptives:
A progestin hormone injection administered in the arm or buttock every 11 to 13 weeks.

D  Progestin-only subdermal implants:
A small rod inserted under the skin in the upper arm that releases a progestin hormone over a period of 3 years.
IUDs and IUSs are inserted by a healthcare provider through the vagina and cervix (lower, narrow portion of the uterus) into the uterus:

- IUDs with copper prevent pregnancy by preventing sperm from reaching the fallopian tubes. They remain effective for up to 5–10 years. Copper IUDs do not contain any hormones, instead, they create congestion and inflammation of the inner uterus wall and inhibit sperm movement and function inside the uterus. Some women have a heavier menstrual period while using a copper IUD.

- The IUS prevents pregnancy by releasing a small amount of progestin hormone, levonorgestrel. The IUS also decreases the amount you bleed during your period and reduces pain associated with periods. The IUS is effective for up to 3 or 5 years, depending on the model.

How does the IUS work?

The IUS slowly releases very small amounts of the hormone levonorgestrel directly into the uterus.

There is no single explanation for how the IUS works.

What the IUS does:

1. creates a barrier preventing sperm from entering the uterus
2. inhibits movement and function of the sperm
3. thins the lining of the uterus

Occasionally, the release of eggs may be inhibited during the early stages of IUS use. The IUS prevents fertilization (the fusion of sperm with an egg). It is not an abortifacient.
Confidence that lasts

The IUS is one of the most effective forms of birth control. Once the IUS is placed by your healthcare provider, it is over 99% effective and works consistently to prevent pregnancy. This means you don’t have to think about taking birth control every day, every week, or even every year.

**How soon does the IUS begin to work?**

Not before the uterus is back to a “normal” size but in any case not earlier than six weeks after you gave birth. Anyhow, your healthcare provider will advise you on the right time to place the IUS.

**How effective is the IUS?**

The diagram below shows the chance of getting pregnant for women who use different methods of birth control. The most effective methods, including the IUS, are found at the top of the chart.

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Is the IUS safe for my baby while breastfeeding?

If you are breastfeeding, the IUS is not likely to affect the quality or amount of your breast milk or the health of your nursing baby.

**Will my partner or I feel the IUS?**

The IUS is made of soft, flexible plastic that is placed in the uterus by your healthcare provider during an office visit. It is designed to be small and comfortable, so that you and your partner most likely won’t even feel it’s there. Sometimes male partners may feel the threads. If the threads are causing discomfort for you or your partner, just ask your healthcare provider to shorten them.

**When can I start with the IUS after delivery?**

Not before the uterus is back to a “normal” size but in any case not earlier than six weeks after you gave birth. Anyhow, your healthcare provider will advise you on the right time to place the IUS.

**How long can I use the IUS?**

The IUS prevents pregnancy for as long as you want: for up to 3 or 5 years, depending on the model.

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**Source:** [http://www.plannedparenthood.org/health-topics/birth-control/birth-control-effectiveness-chart-22710.htm](http://www.plannedparenthood.org/health-topics/birth-control/birth-control-effectiveness-chart-22710.htm)
In one IUS satisfaction study the following satisfaction rates were observed:

- 91% of current IUS users would recommend the IUS to a friend.
- 91% of current IUS users say they are likely to get another IUS in the future.
- 93% of current users are satisfied or very satisfied.

Some women may experience some slight discomfort while the IUS is being placed. Side effects may include cramping or pain, bleeding and/or dizziness. This is common and responds well to pain medication. Let your healthcare provider know if you feel severe cramps.

Your healthcare provider knows how to handle any discomfort related to insertion.

Can I still use tampons with the IUS?

Yes. However, if you use tampons you should change them with care so that you don’t pull the threads of the IUS when removing the tampon.

Will my periods change with the IUS?

For the first 3 to 6 months, your monthly period may become irregular. You may also experience spotting or light bleeding. Once your body adjusts to the IUS, the number of bleeding days is likely to decrease, and you may even find that your periods stop altogether for as long as the IUS is in place.

Around the end of the third month of use, you may see up to a 75% reduction in the amount of menstrual bleeding.

By the end of year one, up to 20% of women have no bleeding at all. This is not unhealthy for your body. Your periods will return once the IUS is removed.

Will I experience any adverse effects on my body?

Possible side effects of the IUS that you might experience in the first three months may include menstrual problems and pelvic or abdominal pain. During the first few months some women might feel transient hormonal side effects such as headache, breast tenderness, or changes in skin complexion (acne). Also other adverse effects may occur, so please read carefully and store the patient information leaflet.

Talk to your healthcare provider if you happen to experience any of these symptoms or other reactions which you think may be caused by the IUS.

Most often during insertion, the IUS may penetrate or perforate the wall of the womb which may decrease the protection against pregnancy. An IUS which has become lodged outside the cavity of the womb is not effective and must be removed as soon as possible. The risk of perforation is increased in breastfeeding women and in women who had a delivery up to 36 weeks before insertion and may be increased in women with the uterus fixed and leaning backwards (towards the bowel).

Although rare, it is possible to become pregnant while using the IUS. Not having a period is not necessarily a sign of pregnancy while the IUS is in place; however, if you do not have your period
and have other symptoms of pregnancy (for example, nausea, tiredness, breast tenderness), you should contact your healthcare professional. If you do become pregnant, there is a 50% risk that this pregnancy could be outside of the womb.

Will I put on weight?

Studies have shown that women do not gain more weight while using the IUS more than those using a non-hormonal method of contraception (Copper IUD).

Are there any additional beneficial effects on my body besides not getting pregnant?

Some women say that they feel free to be more spontaneous during intercourse because they do not have to worry about becoming pregnant.

The IUS may reduce menstrual cramps and make your period lighter. Menstrual flow is already reduced up to 75% after 3 months. For some women, periods stop altogether.

The IUS may improve your iron blood level because of less monthly bleeding. You might feel less tired or exhausted.

Can the IUS protect me from HIV or STDs (sexually transmitted diseases)?

No. The IUS does not protect against HIV or sexually transmitted diseases.

What does the IUS cost?

To many women, affordable birth control is important. Compared with the cost of using some other birth control method, like the pill, the IUS may be less costly already after just 1 year.

How soon can I get pregnant after I decide to have the IUS removed?

With the IUS, you get effective contraceptive protection and flexibility. This is especially true since you can have it removed as soon as you want to try to have a baby. After removal you will immediately return to your previous fertility. A woman’s chances of getting pregnant within 12 months of having the IUS removed are approximately 80% which is the same as the normal fertility rate.

The IUS – The right choice for me?

- Can be used during breastfeeding
- Controlling the age gap between children
- Highly reliable, easy-to-use long-acting (up to 5 years) contraception
- Cost-effective contraception option
- Rapidly reversible contraception option
- Immediate return to normal fertility level
- Flexibility in planning my family

To learn more about the IUS and other long-acting birth control methods, talk to your healthcare provider. Your healthcare provider can supply further information on the IUS for you and your partner.
Me and my partner would still like to know:

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