FERTILITY AFTER CHILDBIRTH

It is usually a good idea for you to be thinking about having sex however it is important to remember that fertility can return quickly after childbirth. It is a good idea to think about contraception if you do not want to get pregnant again. There are lots of contraceptive choices available, see the Contraceptive Choice table for more information or talk to your GP or family planning clinic about the best option for you.

IF YOU HAVE CHosen TO BREASTFEED

Breastfeeding is in itself a reliable contraceptive method, but it does reduce a woman’s fertility and delays the return of ovulation. The lactation amenorrhea method (LAM) has been developed to help women who wish to use breastfeeding for child spacing during the first six months after birth.

The lactation amenorrhea method (LAM) is 98% effective only if:

- Used only in the first six months after giving birth and menstrual periods have not returned.
- The woman is exclusively breastfeeding day and night — at least 8 feedings per day — including night feedings.

Remember: women should not wait until the return of their menstrual period before starting contraception as ovulation occurs before menstruation. Early menstruation may occur not just after lactation is ended.

HOW your BODY CHANGES OVER TIME

From the age of 30 onwards a woman’s body starts to change. Periods can become heavier, more irregular or stop, sometimes for weeks or months. 30% of women over 40 who have regular cycles may still ovulate, but not every cycle.

The PERimenopause & the Menopause

The perimenopause is the time before the menopause when your body starts to change. Typically between your first bleed to last bleed on average it can be one or more years. 30% of women have 48-months of menstrual cycle changes and this is 2 years before complete. Although it is better to get pregnant as you get older, pregnancy is still possible at any time until the menopause. Most doctors don’t consider that a woman has reached the menopause until she has not had a period for a year (for women from her periods stop before she is 50).

If your periods stop or become irregular you can still get pregnant.

Did you know?

- If you are breastfeeding or support breastfeeding for two hours after each feeding the lactation amenorrhea method (LAM) is 98% effective to stop you from getting pregnant.
- If a woman becomes pregnant or is planning to become pregnant it is important to start taking folic acid 3-4 weeks in advance of pregnancy and if possible before conception. For more information, talk to your GP or family planning clinic.

EMERGENCY CONTRACEPTION

If your method of contraception fails or if you have unprotected sex emergency contraception can be used to avoid an unplanned pregnancy. There are different emergency contraception choices available that are effective for different lengths of time (up to 72 hours) before having a period and before conception. Emergency contraception can be much more effective the sooner you take it after having unprotected sex. Your emergency contraception choice will depend on your situation – when you had your last period and how long it has been since you had unprotected sex. Emergency contraception is now available directly from your pharmacist so you can talk to a pharmacist, GP or family planning clinic about the best option for you.

If you have had unprotected sex or your contraception failed, you may be at risk of a sexually transmitted infection (STI). Talk to your GP, family planning clinic, STI clinic or GUM clinic about arranging an STI test.

If you continue to have unprotected sex emergency contraception can only be taken 3 times in 21 months (if this does not happen you should find a service).

For more information on the best contraceptive choice for you, talk to your GP – GPs are specially trained to help women who wish to use breastfeeding for child spacing during the first six months after birth.

SEXUALLY TRANSMITTED INFECTION (STIs)

Sexually transmitted infections (STIs) are infections that are passed on from an infected partner(s) during unprotected sex (oral, anal and vaginal). They are caused by specific bacteria and viruses. In some cases, you may be at risk even if you have not had sex. Wearing and touching each other’s genital area may pass on some STIs. It is important to get yourself, and your partner checked out (confidentially) at your GP, family planning clinic, STI clinic or GUM clinic, and use condoms until you both have the all-clear.

Get advice if you are worried about STIs or are sexually active and not using any of the following:

- unusual discharge from the penis or vagina;
- pain when peeing, urinating;
- unusual rashes or blisters in the genital area;
- itching or irritation in the genital area, or;
- pain during sex.

Some STIs have no obvious symptoms, so you may not be aware that you or your partner(s) is infected.

Throughout the year after your periods have stopped completely (the postmenopause), you need to use contraception to prevent a pregnancy for one year after your periods have stopped completely (the postmenopause), or two years if the menopause happened before the age of 45.

If a woman becomes pregnant or is planning to become pregnant it is important to start taking folic acid 3-4 weeks in advance of pregnancy and if possible before conception. For more information, talk to your GP or family planning clinic.

Did you know?

- Condoms offer the best protection against most STIs but not all. If you are using a different method of contraception you will need to use condoms to protected yourself from STIs.
- If a woman becomes pregnant or is planning to become pregnant it is important to start taking folic acid 3-4 weeks in advance of pregnancy and if possible before conception. For more information, talk to your GP or family planning clinic.

FOR MORE INFORMATION VISIT: thinkcontraception.ie/35-55

WHERE TO FIND US

If you want to discuss your contraceptive needs or get contraceptive or STI services, contact:

Your local GP

Boy Women’s Health Centre

Adelaide Road, Bray, Co. Wicklow

01 276 5522

www.bbynurses@hse.ie

Dublin Well Woman Centre

Burlington, Dublin 4

01 880 9061 / 668 1108

Cork Clinic, Douglas, Co. Cork

01 811 6873

Lowry Primary Care Centre, Dublin 1

01 872 8051 / 872 8029

women@wsddublin.ie

Femplus Clinic

Woodtown Road, Blanchardstown, Dublin 15

01 821 0990

www.femplus.ie

Independent Family Planning Centres:

- 23 Tuckey Street, Grand Parade, Cork - 01 427 7060
- 225 Liffey Wall, North Wall Quay, Dublin 1 - 01 856 2002
- 38 Dock Pav, Woolen Mill, Limerick - 069 312 5328
- 29 St John’s Street, Waterford - 051 873 873
- 58 Roselawn Road, Blanchardstown, Dublin 15 - 01 459 7685

Irish-Family Planning Association

- 17 Cathal Brugha Street, Dublin 2 - 01 872 7881 / 787 2110
- The Square, Tallaght, Dublin 24 - 01 457 7856

For a list of State-funded STI Screening Services please visit thinkcontraception.ie/35-55

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## Introduction

There are many contraceptive choices available, and what suited you in the past may no longer be the best for you. Your choice will depend on your needs to have (or not to have) children, your health, your personal preferences and whether you need protection from sexually transmitted infections (STIs).

### Your Health

- **Do you have symptoms such as irregular/heavy periods or vaginal dryness?** Some contraceptive methods can help these symptoms, others may make them more severe.
- **Do you have any health issues such as being overweight, smoking, having high blood pressure or other conditions that may make some methods unsuitable?** Are you taking hormone replacement therapy (HRT)?
- **Did you know?**
  - Some methods unsuitable? Are you taking hormone replacement therapy (HRT)?
  - May cause uterine perforation.

### SHORT-TERM CONTRACEPTION

<table>
<thead>
<tr>
<th>Method</th>
<th>How Often</th>
<th>Your Health</th>
<th>Is It For You</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMBINED ORAL CONTRACEPTIVE PILLS</strong></td>
<td>Every day for 21 days</td>
<td>Helps control healthy weight and prevent prolapse</td>
<td>Useful for women who can reliably take pills on a daily basis.</td>
</tr>
<tr>
<td><strong>PROGESTOGEN-ONLY PILLS</strong></td>
<td>Every day</td>
<td>Helps prevent osteoporosis and can reduce the risk of uterine cancer.</td>
<td>Useful for women who forget to take their pill daily.</td>
</tr>
<tr>
<td><strong>THE INJECTABLE</strong></td>
<td>Every 3 months</td>
<td>Can cause irregular bleeding.</td>
<td>Effective for single people, or people who don’t know if their partner is free from STIs.</td>
</tr>
<tr>
<td><strong>THE VAGINAL BIRTH CONTROL PATCH</strong></td>
<td>Every week</td>
<td>Can cause side effects.</td>
<td>Useful for women who want to be able to see if they are pregnant.</td>
</tr>
<tr>
<td><strong>DIAPHRAGMS/SLEMS</strong></td>
<td>Each day</td>
<td>May protect against cancer of the womb.</td>
<td>Can be used by women who cannot take spermicides in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers.</td>
</tr>
<tr>
<td><strong>THE IMPLANT</strong></td>
<td>Every year</td>
<td>Reduces or stops heavy bleeding for most women.</td>
<td>Can be used by women who cannot take spermicides in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers.</td>
</tr>
<tr>
<td><strong>CERVICAL CAPS</strong></td>
<td>Every day</td>
<td>May cause irregular bleeding.</td>
<td>Can be used by women who cannot take spermicides in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers.</td>
</tr>
<tr>
<td><strong>REVERSIBLE INTRAUTERINE DEVICES</strong></td>
<td>Every year</td>
<td>Reduces or stops heavy bleeding for most women.</td>
<td>Can be used by women who cannot take spermicides in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers.</td>
</tr>
<tr>
<td><strong>ARTIFICIAL INSEMINATION</strong></td>
<td>Every week</td>
<td>May cause irregular bleeding.</td>
<td>Can be used by women who cannot take spermicides in the combined oral contraceptive pill, such as women over 35 who smoke or breast-feeding mothers.</td>
</tr>
</tbody>
</table>

### COST

Some methods of contraception such as long acting methods of contraception (see below) have higher up-front costs than others but are a better value for money in the long-term. Many of the methods with high up-front costs are subsidised by the Drug Payment Scheme. Ask your GP about all of the contraceptive options available. Talk to your pharmacist about enrolling on the Drugs Payment Scheme.

### FOR MORE INFORMATION VISIT

thinkcontraception.ie/35-55