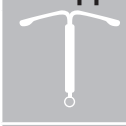
CONTRACEPTION AFTER PREGNANCY

Sexual Health Victoria
Care
Education
Advocacy

Definition of UKMEC categories

UKMEC	DEFINITION OF CATEGORY
Category 1	A condition for which there is no restriction for the use of the method
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable
Category 4	A condition which represents an unacceptable health risk if the method is used

Contraception method	Time frame	Postpartum breastfeeding (full or partial)	Postpartum non-breastfeeding	First trimester termination or miscarriage	Second trimester termination or miscarriage
IUD Hormonal or copper 	0 – 48 hours or > 4 weeks	1	1	1	2
	48 hours to 4 weeks	3	3		
Implant or POP 	immediately	1	1	1	1
DMPA Injection 	0 – 3 weeks	2	2	1	1
	3 – 6 weeks	2	1 no other VTE risk 2 with other VTE risk		
	> 6 weeks	1	1		
CHC combined pill or ring 	0 – 3 weeks	4	3 no other VTE risk 4 with other VTE risk	1	1
	3 – 6 weeks	4	2 no other VTE risk 3 with other VTE risk		
	6 weeks – 6 months	2	1		
	> 6 months	1	1		

Additional risk factors for VTE (venous thromboembolism) are: immobility, transfusion at delivery, BMI > 30 kg/m2, postpartum haemorrhage, immediately post caesarean delivery, pre-eclampsia, relevant family history or smoking.

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Contraception after pregnancy

In addition to post pregnancy, other patient characteristics and medical conditions need to be considered for method suitability.
See: https://www.fsrh.org/standards-and-guidance/documents/ukmec-2016-summary-sheets/

Contraception is not require before 21 days after delivery, or before 5 days after miscarriage or termination. However benefits of earlier initiation (with an appropriate method) usually outweigh theoretical risks.

Lactational amenorrhoea method provides contraception for those who exclusively breastfeed with no intervals less than 4 hours during the day and 6 hours at night between feeds, are amenorrhoeic and less than 6 months postpartum. However, additional contraception can also be considered.

When initiating contraception after 21 days postpartum additional contraception is required until 3 levonorgestrel or norethisterone POPs have been taken or 7 days after hormonal IUD insertion, implant insertion, DMPA injection, active pill initiation, active drospirenone POP initiation or vaginal ring insertion. Exclude pregnancy or use Quick Start https://www.shvic.org.au/contraception-resources

Past history of ectopic pregnancy is not a contraindication for any method.

Condoms can be used immediately. Diaphragms can be used from 6 weeks after delivery or any time after 1st and 2nd trimester miscarriage or termination.

Oral emergency contraception can be used for non-breastfeeding. While breastfeeding, LNG EC is suitable for use as only tiny amounts pass into breastmilk with no indication of harm. UPA EC is also suitable while breastfeeding as the risk to the infant is low. Off-label use, supported by international opinion is that users wishing to avoid the highest infant exposure can express and discard breastmilk for 24 hours after taking UPA EC.

Abbreviations – IUD: intrauterine device; CHC: combined hormonal contraception; DMPA: depot medroxyprogesterone acetate; POP: progestogen-only pill; VTE: venous thromboembolism; LNG EC: levonorgestrel emergency contraception ; UPA EC: ulipristal acetate emergency contraception

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