

Using Long-Acting Reversible Contraception (LARC) Right After Childbirth

Overview

Why should I think about using birth control right after I have a baby?

You can get pregnant very soon after having a baby if you have sex and do not use birth control. It is possible to get pregnant even before your [menstrual periods](#) return. Starting a birth control method right after you have a baby can help you avoid an unintended pregnancy. It also lets you control if or when you want to get pregnant again.

When should I talk with my doctor about using birth control after my baby is born?

You can talk with your [obstetrician–gynecologist \(ob-gyn\)](#) about birth control options while you are still pregnant or right after giving birth. You can also talk with your ob-gyn before you go home from the hospital.

What are long-acting reversible contraception (LARC) methods?

The [intrauterine device \(IUD\)](#) and the [birth control implant](#) are long-acting reversible contraception (LARC) methods. Both are safe and highly effective in preventing pregnancy. They last for several years, and you can stop using them at any time if you

choose. Using the IUD or the implant does not affect your ability to get pregnant in the future.

Why are LARC methods a good option to use right after having a baby?

Starting one of these methods before you leave the hospital is convenient. The IUD or implant can be inserted while you are still in the delivery room or in the days after giving birth before you go home. This means you will not need a separate office visit later for IUD or implant insertion.

IUDs and implants may not be available right after childbirth at all hospitals or birth centers. Talk with your ob-gyn about whether you can get an IUD or implant right after giving birth.

How effective are LARC methods?

During the first year of use, fewer than 1 in 100 women with an IUD or implant get pregnant. For comparison, 9 in 100 women get pregnant in the first year of using the birth control pill, and 18 in 100 women get pregnant in the first year of using the male condom.

Can I use a LARC method while I am breastfeeding?

Yes. LARC methods are safe to use while breastfeeding.

Intrauterine Device (IUD)

What is the IUD?

The IUD is a small, T-shaped, plastic device that is inserted into and left inside the [uterus](#). The IUD is a safe and effective form of birth control. There are two types of IUDs:

1. The hormonal IUD releases the hormone [progestin](#) in the uterus. There are different brands of hormonal IUDs that last for different lengths of time. Depending on the brand, they are approved for up to 3 to 8 years of use.

2. The copper IUD releases copper in the uterus. This IUD does not contain hormones. It is approved for up to 10 years of use.

How does the IUD work?

The IUD works mainly by preventing **fertilization** of an **egg** by **sperm**. The progestin in the hormonal IUD thickens mucus found in the cervix. Thicker mucus makes it harder for sperm to enter the uterus and reach an egg. Progestin also thins the lining of the uterus.

The copper in the copper IUD interferes with sperm's ability to move. When sperm stop moving normally, it is harder for sperm to enter the uterus and reach an egg.

What are the benefits of the IUD?

The IUD can be inserted in the uterus within 10 minutes of a vaginal birth or **cesarean birth**. The IUD has the following benefits:

- If you wish to get pregnant again or if you want to stop using it, you can have the IUD removed at any time by your health care professional. You can start trying to get pregnant again right after removal. Using an IUD does not affect your ability to get pregnant in the future.
- After the IUD is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control.
- It does not interfere with sex or daily activities.
- There are few medical problems that prevent its use. Almost all teenagers and adults are able to use an IUD.
- Over time, the hormonal IUD can help decrease menstrual pain and heavy periods.

IUDs do not protect against **sexually transmitted infections (STIs)**. Using a latex or polyurethane condom every time you have vaginal, oral, or anal sex lowers the chance of getting an STI.

How is the IUD inserted after a vaginal birth?

If you have a vaginal birth, the IUD can be inserted after you deliver the **placenta**. The IUD is guided through the **vagina** and the cervix, and then into the uterus. The IUD has

strings made of thin plastic thread, which your health care professional can use to remove the IUD when you are ready to stop using it.

After placement, the strings are trimmed so that they extend just past the cervix into your vagina. The strings should not bother you. In rare cases, your sexual partner may feel them during sex. If this happens and it is a concern, a health care professional may be able to trim the strings.

How is the IUD inserted after a cesarean birth?

If you have a cesarean birth, the placenta is removed from your uterus. The IUD is then placed in the uterus. The IUD strings are placed so they fit into the cervix and can extend into the vagina. Then the cut in your uterus that was made for delivery of your baby is closed.

Is it safe to get an IUD right after giving birth?

It is usually safe to have an IUD inserted after giving birth to a baby. But in some cases it is not safe, such as when there are signs of [infection or serious bleeding](#).

What are possible side effects of using the IUD?

When you use an IUD, changes in menstrual bleeding are normal and not harmful. Some changes can be temporary and may go away as your body gets used to the IUD. Others may last for as long as you have the IUD. Often, medications can help with some of the bleeding changes that happen with IUDs.

With the copper IUD, painful periods and bleeding may increase during the first months of use. Over-the-counter pain relievers may be used for pain and bleeding.

Hormonal IUDs may cause frequent spotting, more days of bleeding, and heavier bleeding in the first months of use. Over time, the amount of bleeding and the length of your period usually decrease. Menstrual pain also usually decreases. Sometimes periods stop completely.

Other side effects may include headaches, nausea, breast tenderness, and mood changes.

If you have changes in bleeding or other side effects that concern you, talk with your ob-gyn.

What are possible risks of using the IUD?

Serious complications from IUDs inserted right after childbirth are rare. Possible risks include the following:

- In a small number of cases, the IUD may come out of the uterus and fall out of the vagina. This risk is slightly higher if the IUD is placed immediately after childbirth. This will not harm you, but if the IUD is no longer in place, you are at risk of pregnancy. Use another form of birth control until you can see your ob-gyn. You may be able to have a new IUD inserted.
- Rarely, pregnancy may occur while you are using an IUD. In the rare case that a pregnancy occurs with the IUD in place, there is a higher chance that it will be an [ectopic pregnancy](#).
- The IUD can go through the wall of the uterus during insertion. This usually does not cause any major health problems, but the IUD will need to be removed. This is rare and occurs in only about 1 out of every 1,000 placements.

Birth Control Implant

What is the birth control implant?

The birth control implant is a flexible, plastic rod about the size of a matchstick that is inserted just under the skin in the upper arm. It releases progestin into the body. The implant is approved for up to 3 years of use.

How does the implant work?

While you are using the implant, progestin prevents pregnancy mainly by stopping [ovulation](#). The progestin in the implant thickens the mucus of the cervix, which makes it harder for sperm to enter the uterus and reach the egg. Progestin also thins the lining of the uterus.

What are the benefits of the implant?

The implant has the following benefits:

- If you wish to get pregnant again or if you want to stop using it, you can have the implant removed at any time by a health care professional.
- Once the implant is in place, you do not have to do anything else to prevent pregnancy.
- No one can tell that you are using birth control. The implant cannot be seen under the skin (but it can be felt).
- The implant does not interfere with sex or daily activities.
- There are few medical conditions that prevent its use. Almost all teenagers and adults are able to use the implant.
- The implant can reduce pain during your period.

The implant does not protect against STIs. Using a latex or polyurethane condom every time you have vaginal, oral, or anal sex decreases the chance of getting an STI.

How is the implant inserted?

The implant can be inserted in the delivery room or at any time before you leave the hospital after giving birth. The implant is inserted into your arm. A pain medicine may be used to numb a small area on the inside of your upper arm. The implant is placed under the skin with a special inserter. The procedure takes only a few minutes.

What are possible side effects of using the implant?

The implant can cause changes in menstrual bleeding. The most common change is unpredictable bleeding. Periods may be less frequent and may stop completely. But in some cases, periods are more frequent and last longer.

Other side effects may include digestive problems, headaches, breast pain, weight gain, and acne. Some side effects may get better after a few months. Talk with your ob-gyn about any side effects that concern you.

What are possible risks of using the implant?

Possible risks with use of the implant include the following:

- Problems with insertion of the implant are rare but may include pain, slight bleeding, bruising, infection, and incorrect insertion.
- Although rare, if you get pregnant after the implant is inserted, there is a slightly increased risk of ectopic pregnancy. The implant may be removed if pregnancy occurs.

Glossary

Birth Control Implant: A small, single rod that is inserted under the skin in the upper arm. The implant releases a hormone to prevent pregnancy.

Cervix: The lower, narrow end of uterus at the top of the vagina.

Cesarean Birth: Birth of a fetus from the uterus through an incision (cut) made in the woman's abdomen.

Ectopic Pregnancy: A pregnancy in a place other than the uterus, usually in one of the fallopian tubes.

Egg: The female reproductive cell made in and released from the ovaries. Also called the ovum.

Fertilization: A multistep process that joins the egg and the sperm.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Menstrual Periods: The monthly shedding of blood and tissue from the uterus.

Obstetrician–Gynecologist (Ob-Gyn): A doctor with special training and education in women's health.

Ovulation: The time when an ovary releases an egg.

Placenta: An organ that provides nutrients to and takes waste away from the fetus.

Progestin: A synthetic form of progesterone that is similar to the hormone made naturally by the body.

Sexually Transmitted Infections (STIs): Infections that are spread by sexual contact. Infections include chlamydia, gonorrhea, human papillomavirus (HPV), herpes, syphilis, and human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

Sperm: A cell made in the male testicles that can fertilize a female egg.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus. Also called the womb.

Vagina: A tube-like structure surrounded by muscles. The vagina leads from the uterus to the outside of the body.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ500

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