POST PARTUM
Post Partum

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Postpartum care: What to expect after a vaginal delivery

By Mayo Clinic staff

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Postpartum care: What to expect after a vaginal delivery

Your newborn may be your top priority — but postpartum care counts, too. From vaginal soreness to urinary problems, here's what to expect as you recover from a vaginal delivery.

Pregnancy changes your body in more ways than you might have guessed, and it doesn't stop when the baby is born. After a vaginal delivery, taking good care of yourself is an essential part of postpartum care. Here's what to expect.

Vaginal Soreness

If you had an episiotomy or vaginal tear during delivery, the wound might hurt for a few weeks. Extensive tears might take longer to heal. In the meantime, you can help promote healing:

- Soothe the wound. Cool the wound with an ice pack, or place a chilled witch hazel pad — available in most pharmacies — between a sanitary napkin and the wound.
- Take the sting out of urination. Pour warm water over your vulva as you're urinating. Press a clean pad firmly against the wound when you bear down for a bowel movement.
- Keep the wound clean. Use a squirt bottle filled with water to rinse the tissue between the vaginal opening and anus (perineum) after using the toilet.
- Sit down carefully. If sitting is uncomfortable, sit on a pillow or padded ring.

While you're healing, expect the discomfort to progressively improve. Contact your health care provider if the pain intensifies, the wound becomes hot, swollen and painful, or you notice a pus-like discharge.

Vaginal Discharge

You'll have a vaginal discharge (lochia) for a number of weeks after delivery. Expect a bright red, heavy flow of blood for the first few days. If you've been sitting or lying down, you might notice a small gush when you stand up. The discharge will gradually taper off, changing from pink or brown to yellow or white. To reduce the risk of infection, use sanitary napkins rather than tampons.

Don't be alarmed if you occasionally pass small blood clots. Contact your health care provider if:

- You soak a sanitary pad within an hour while lying down
- The discharge has a foul odor
- You pass clots larger than a golf ball
- You have a fever of 100.4 F (38 C) or higher
Contractions

You might feel contractions, sometimes called ‘after pains,’ during the first few days after delivery. These contractions — which often resemble menstrual cramps — help prevent excessive bleeding by compressing the blood vessels in the uterus. For reasons that aren’t entirely clear, these contractions tend to be stronger with successive deliveries. Your health care provider might recommend an over-the-counter pain reliever if necessary. Contact your health care provider if you have a fever or if your abdomen is tender to the touch. These signs and symptoms could indicate a uterine infection.

Urination Problems

Swelling or bruising of the tissues surrounding the bladder and urethra can lead to difficulty urinating. Fearing the sting of urine on the tender perineal area can have the same effect. Difficulty urinating usually resolves on its own. In the meantime, it might help to pour water across your vulva while you’re sitting on the toilet.

Contact your health care provider if you have any symptoms of a urinary tract infection. For example:

- It hurts to urinate
- You don’t think you’re emptying your bladder fully
- You have an unusually frequent urge to urinate

Pregnancy and birth stretch the connective tissue at the base of the bladder and can cause nerve and muscle damage to the bladder or urethra. You might leak urine when you cough, strain or laugh. Fortunately, this problem usually improves within three months. In the meantime, wear sanitary pads and do Kegel exercises to help tone your pelvic floor muscles.

To do Kegels, tighten your pelvic muscles as if you’re stopping your stream of urine. Try it for five seconds at a time, four or five times in a row. Work up to keeping the muscles contracted for 10 seconds at a time, relaxing for 10 seconds between contractions. Aim for at least three sets of 10 repetitions a day.

Hemorrhoids and Bowel Movements

If you notice pain during bowel movements and feel swelling near your anus, you might have hemorrhoids — stretched and swollen veins in the anus or lower rectum. To ease any discomfort while the hemorrhoids heal, soak in a warm tub and apply chilled witch hazel pads to the affected area. Your health care provider might recommend a topical hemorrhoid medication as well.

If you find yourself avoiding bowel movements out of fear of hurting your perineum or aggravating the pain of hemorrhoids or your episiotomy wound, take steps to keep your stools soft and regular. Eat foods high in fiber — including fruits, vegetables and whole grains — and drink plenty of water. It’s also
helpful to remain as physically active as possible. Ask your health care provider about a stool softener or fiber laxative, if needed.

Another potential problem for new moms is the inability to control bowel movements (fecal incontinence) — especially if you had an unusually long labor. Frequent Kegel exercises can help. If you have persistent trouble controlling bowel movements, consult your health care provider.

**Sore Breasts and Leaking Milk**

Several days after delivery, your breasts might become heavy, swollen and tender. This is known as engorgement. To ease the discomfort, nurse your baby or use a breast pump to express milk. You might also want to apply cold washcloths or ice packs to your breasts. Over-the-counter pain relievers might help, too. To help prevent nipple pain, make sure that your baby latches on to your breast correctly. If you're unsure or every feeding is painful, ask a lactation consultation for help.

If your breasts leak between feedings, wear nursing pads inside your bra to help keep your shirt dry. Change pads after each feeding and whenever they get wet.

If you're not breast-feeding your baby, wear a firm, supportive bra. Compressing your breasts will help stop milk production. In the meantime, don't pump your breasts or express the milk. This only tells your breasts to produce more milk.

**Hair loss and Skin Changes**

During pregnancy, elevated hormone levels put normal hair loss on hold. The result is often an extra-lush head of hair — but now it's payback time. After delivery, your body sheds the excess hair all at once. Within six months, your hair will most likely be back to normal. In the meantime, shampoo only when necessary, and find a hairstyle that's easy to maintain. Avoid curling irons and harsh chemicals. Stretch marks won't disappear after delivery, but eventually they'll fade from reddish purple to silver or white. Expect any skin that darkened during pregnancy — such as the line down your abdomen (linea nigra) — to slowly fade as well.

**Mood Changes**

Childbirth triggers a jumble of powerful emotions. Mood swings, irritability, sadness and anxiety are common. Many new moms experience a mild depression, sometimes called the baby blues. The baby blues typically subside within a week or two. In the meantime, take good care of yourself. Share your feelings, and ask your partner, loved ones or friends for help. If your depression deepens or you feel hopeless and sad most of the time, contact your health care provider. Prompt treatment is important.
Weight Loss
After you give birth, you'll probably feel flabby and out of shape. You might even look like you're still pregnant. Don't worry. This is perfectly normal. Most women lose more than 10 pounds during birth, including the weight of the baby, placenta and amniotic fluid. In the days after delivery, you'll lose additional weight from leftover fluids. After that, a healthy diet and regular exercise can help you gradually return to your pre-pregnancy weight.

The Post Partum Checkup
About six weeks after delivery, your health care provider will check your vagina, cervix and uterus to make sure you're healing well. He or she might do a breast exam and check your weight and blood pressure, too. This is a great time to talk about birth control, breast-feeding and how you're adjusting to life with a new baby. You might also ask about Kegel exercises to help tone your pelvic floor muscles. Above all, share any concerns you might have about your physical or emotional health. Chances are, what you're feeling is entirely normal. Look to your health care provider for assurance as you enter this new phase of life.

References
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C-section recovery: What to expect
By Mayo Clinic staff

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C-section recovery: What to expect
Pregnancy and delivery cause major changes in your body. From abdominal pain to mood changes, here’s what to expect during C-section recovery.

If you’re planning a Cesarean delivery or you want to be prepared in case you need to have a C-section, you might have questions about the recovery process. How much discomfort will you experience? How long will it take for your incision to heal? What breast-feeding positions might work best for you? Understand how to take care of yourself and your baby during C-section recovery.

Treat Your C-section Incision With Care
It takes about four to six weeks for a C-section incision to heal. During the C-section recovery process, discomfort and fatigue are common. To promote healing:

- **Take it easy.** Rest when possible. Try to keep everything that you and your baby might need within reach. For the first couple of weeks, avoid lifting anything heavier than your baby.
- **Support your abdomen.** Use good posture when you stand and walk. Hold your abdomen near the incision during sudden movements, such as coughing, sneezing or laughing.
- **Take medication as needed.** Your health care provider might recommend ibuprofen, acetaminophen (Tylenol, others) or other medications to relieve pain. Most pain relief medications are safe for breast-feeding women.
- **Drink plenty of fluids.** Drinking lots of fluids can help replace those lost during delivery and breast-feeding, as well as help prevent constipation. Remember to empty your bladder frequently to reduce the risk of urinary tract infections.

**Look for Signs of Infection**
Check your C-section incision for signs of infection. Contact your health care provider if:

- The incision is red, swollen or leaking discharge
- You have a fever higher than 100.4 F (38 C)
- You experience increasing pain around your incision

**Experiment With Breast-Feeding Positions**
You can begin breast-feeding almost immediately after the C-section. To minimize discomfort, place a pillow over the incision while holding your baby. Breast-feeding positions that work well during C-section recovery include:

- **Football hold.** Hold your baby at your side, with your elbow bent. With your open hand, support your baby’s head and face him or her toward your breast. Your baby’s back will rest on your
It might help to support your breast in a C-shaped hold with your other hand. For comfort, put a pillow on your lap and use a chair with broad, low arms.

- **Side-lying hold.** Lie on your side and face your baby toward your breast, supporting him or her with one hand. With the other hand, grasp your breast and touch your nipple to your baby's lips. Once your baby latches on, use one arm to support your own head and the other to help support the baby.

If you're having trouble breast-feeding during your C-section recovery or afterward, contact a lactation consultant for help.

**Manage Other Postpartum Signs and Symptoms**

While you're recovering from your C-section, remember that you're also recovering from pregnancy. Here's what to expect:

- **Vaginal discharge (lochia).** Expect a bright red, heavy flow of blood for the first few days after the C-section. It might contain a few small clots. The discharge will gradually taper off, becoming more watery and changing from pink or brown to yellow or white. To reduce the risk of infection, use sanitary napkins rather than tampons. Contact your health care provider if your bleeding soaks a sanitary pad each hour for two hours, you pass a clot larger than a golf ball, the discharge has a foul odor, or you have a fever of 100.4°F (38°C) or higher.

- **Contractions.** You might feel contractions, sometimes called afterpains, during the first few days after the C-section. These contractions — which often resemble menstrual cramps — help prevent excessive bleeding by compressing the blood vessels in the uterus. Your health care provider might recommend an over-the-counter pain reliever if necessary. Contact your health care provider if you have a fever or if your abdomen is tender to the touch. This could indicate a uterine infection.

- **Sore breasts.** Several days after the C-section, your breasts might become firm, swollen and tender. This is known as engorgement. To ease discomfort, nurse your baby, use a breast pump to express milk, or apply cold washcloths or ice packs to your breasts. Over-the-counter pain relievers might help, too. If you're not breast-feeding your baby, wear a firm, supportive bra — such as a sports bra. Compressing your breasts will help stop milk production. Don't pump or rub your breasts, which will cause your breasts to produce more milk.

- **Leaking milk.** If your breasts leak between feedings, wear nursing pads inside your bra to help keep your shirt dry. Change pads after each feeding and whenever they get wet.

- **Hair loss and skin changes.** During pregnancy, elevated hormone levels increase hair growth and put normal hair loss on hold. The result is often an extra-lush head of hair. After delivery, however, hair growth decreases and your body begins to shed the excess hair all at once. Hair loss typically stops within six months. At the same time, stretch marks typically fade from red to silver. Skin
darkening that can occur during pregnancy, such as dark patches on your face (chloasma), will also slowly fade.

- **Mood changes.** Childbirth can trigger mood swings, irritability, sadness and anxiety. Many new moms experience mild depression, sometimes called the baby blues. The baby blues typically subside within a week or two. In the meantime, take good care of yourself. Ask your partner, loved ones or friends for help and support. If your depression deepens or you feel hopeless and sad most of the time, contact your health care provider.

- **Postpartum depression.** If you experience severe mood swings, loss of appetite, overwhelming fatigue and lack of joy in life shortly after childbirth, you might have postpartum depression. Contact your health care provider if you think you might be depressed, especially if your signs and symptoms don't fade on their own, you have trouble caring for your baby or completing daily tasks, or you have thoughts of harming yourself or your baby.

- **Weight loss.** After your C-section, you'll probably feel out of shape. You might even look like you're still pregnant. Don't worry. This is normal. Most women lose more than 10 pounds during birth, including the weight of the baby, placenta and amniotic fluid. During your C-section recovery, you'll drop additional weight as your body gets rid of excess fluids. After that, a healthy diet and regular exercise can help you gradually return to your pre-pregnancy weight.

**The Post Partum Checkup**

About six weeks after delivery, your health care provider will check your abdomen, vagina, cervix and uterus to make sure you're healing well. In some cases, your health care provider might ask you to schedule the checkup earlier so that he or she can check your C-section incision. Your health care provider might do a breast exam and check your weight and blood pressure, too. Consider using this checkup as an opportunity to talk about birth control, breast-feeding and how you're adjusting to life with a new baby.

Also, be sure to discuss any questions or concerns you might have about your physical or emotional health. Your health care provider will likely be able to provide you with some advice and assurance as you adjust to life with your newborn.

**References**
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Breastfeeding Your Baby

- How does breastfeeding benefit my baby?
- How does breastfeeding my baby benefit me?
- How long should I breastfeed my baby?
- How can I help my baby to begin breastfeeding?
- What can I do to help my baby latch on?
- How do I know if the baby is latched on correctly?
- When should I switch breasts during breastfeeding?
- How long should each breastfeeding session last?
- How can I tell when my baby is hungry?
- How often should I breastfeed my baby?
- How will I know when my baby is full?
- When is it okay to let my baby use a pacifier?
- What problems may I encounter while breastfeeding?
- What can I do to ensure that I provide the best nutrition for my baby and myself?
- What are some birth control methods that I can use while breastfeeding?
- What should I know about returning to work if I am breastfeeding?
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How does breastfeeding benefit my baby?
Breastfeeding benefits your baby in the following ways:

- Breast milk provides the perfect mix of vitamins, protein, and fat that your baby needs to grow.
- The colostrum that your breasts make during the first few days after childbirth helps your newborn’s digestive system grow and function.
- Breast milk has antibodies that help your baby’s immune system fight off viruses and bacteria.
- Breast milk is easier to digest than formula.
- Breastfeeding decreases the risk of sudden infant death syndrome (SIDS).
- If your baby is born preterm, breast milk can help reduce the risk of many of the short-term and long-term health problems that preterm babies face.

How does breastfeeding my baby benefit me?
Breastfeeding is good for you for the following reasons:

- During breastfeeding, the hormone oxytocin is released. Oxytocin causes the uterus to contract and return to its normal size more quickly.
- Breastfeeding may help with postpartum weight loss.
• Women who breastfeed have lower rates of breast cancer and ovarian cancer than women who do not breastfeed. It also has been shown to reduce the risk of heart disease and rheumatoid arthritis.
• Breastfeeding saves time and money.

How long should I breastfeed my baby?
It is recommended that babies breastfeed exclusively at least for the first 6 months of life. Your baby can continue to breastfeed beyond his or her first birthday as long as you and your baby want to.

How can I help my baby to begin breastfeeding?
Babies are born with all the instincts they need to breastfeed. A healthy newborn usually is capable of breastfeeding without any specific help within the first hour of birth. Immediately after the birth, your baby should be placed in direct skin-to-skin contact with you if possible. A nurse or lactation consultant (a health care provider with special training in breastfeeding) can help you find a good position.

What can I do to help my baby latch on?
To begin breastfeeding, the baby needs to attach to or "latch on" to your breast. Cup your breast in your hand and stroke your baby's lower lip with your nipple. This stimulates the baby's rooting reflex. The rooting reflex is a baby's natural instinct to turn toward the nipple, open his or her mouth, and suck. The baby will open his or her mouth wide (like a yawn). Pull the baby close to you, aiming the nipple toward the roof of the baby's mouth. Remember to bring your baby to your breast—not your breast to your baby.

How do I know if the baby is latched on correctly?
The baby should have all of your nipple and a good deal of the areola in his or her mouth. The baby's nose will be touching your breast. The baby's lips also will be curled out on your breast. The baby's sucking should be smooth and even. You should hear the baby swallow. You may feel a slight tugging. If the baby is not latched on well, start over. To break the suction, insert a clean finger between your breast and your baby's gums: When you hear or feel a soft pop, pull your nipple out of the baby's mouth.

When should I switch breasts during breastfeeding?
When your baby empties one breast, offer the other. Do not worry if your baby does not continue to breastfeed. The baby does not have to feed at both breasts in one feeding. At the next feeding, offer the other breast first.

How long should each breastfeeding session last?
Let your baby set his or her own schedule. Many newborns breastfeed for 10–15 minutes on each breast, but some may feed for longer periods. A baby who wants to breastfeed for a long time—such as 30 minutes on each side—may be having trouble getting enough milk or may be just taking his or her time to feed.

How can I tell when my baby is hungry?
When babies are hungry, they will nuzzle against your breast, make sucking motions, or put their hands to their mouths. Crying usually is a late sign of hunger.

How often should I breastfeed my baby?
It is recommended that you breastfeed at least 8–12 times in 24 hours, or about every 2–3 hours, in the baby's first weeks of life.

How will I know when my baby is full?
When full, the baby will fall asleep or unlatch from your breast.

When is it okay to let my baby use a pacifier?
Until your baby gets the hang of breastfeeding, experts recommend limiting pacifier use to only a few instances. You may only want to give a pacifier to help with pain relief (while getting a shot, for instance). After about 4 weeks, when your baby is breastfeeding well, you can use the pacifier at any time. Pacifier use at nap or sleep times may help reduce the risk of SIDS.

What problems may I encounter while breastfeeding?
It is normal for minor problems to arise in the days and weeks when you first begin breastfeeding. If any of the following problems persist, call your health care provider or ask to see a lactation specialist:
• Nipple pain—Some soreness or discomfort is normal when beginning breastfeeding. Nipple pain or soreness that continues past the first week or does not get better usually is not normal. Nipple pain may be caused by the baby not getting enough of the areola into his or her mouth and instead sucking mostly on the nipple. Make sure the baby's mouth is open wide and has as much of the areola in the mouth as possible. Applying a small amount of breast milk to the nipple may speed up the healing process. Try different breastfeeding positions to avoid sore areas.
• Engorgement—When your breasts are full of milk, they can feel full, hard, and tender. Once your body figures out just how much milk your baby needs, the problem should go away in a week or so. To ease engorgement, breastfeed more often to drain your breasts. Before breastfeeding, you can gently massage your breasts or express a little milk with your hand or a pump to soften them. Between feedings, apply warm compresses or take a warm shower to help ease the discomfort.
• Blocked milk duct—If a duct gets clogged with unused milk, a hard knot will form in that breast. To clear the blockage and get the milk flowing again, try breastfeeding long and often on the breast that is blocked. Apply heat with a warm shower, heating pad, or hot water bottle.

• Mastitis—If a blocked duct is not drained, it can lead to a breast infection called mastitis. Mastitis can cause flu-like symptoms, such as fever, aches, and fatigue. Your breast also will be swollen and painful and may be very warm to the touch. If you have these symptoms, call your health care provider. You may be prescribed an antibiotic to treat the infection. You may be able to continue to breastfeed while taking this medication.

**What can I do to ensure that I provide the best nutrition for my baby and myself?**

The following tips will help you meet the nutritional goals needed for breastfeeding:

• You need an extra 450–500 calories a day while breastfeeding.

• Your health care provider may recommend that you continue to take your prenatal multivitamin supplement while you are breastfeeding. The baby's health care provider may recommend that you give your baby 400 international units of vitamin D daily in drop form. This vitamin is essential for strong bones and teeth.

• Drink plenty of fluids and drink more if your urine is dark yellow. It is a good idea to drink a glass of water every time you breastfeed.

• Avoid foods that may cause stomach upset in your baby. Common culprits are gassy foods, such as cabbage, and spicy foods.

• Drinking caffeine in moderate amounts should not affect your baby. A moderate amount of caffeine is about 200 milligrams a day.

• If you want to have an occasional alcoholic drink, wait at least 2 hours after you drink to breastfeed.

• Always check with your health care provider before taking prescription or over-the-counter medications to be sure they are safe to take while breastfeeding.

• Avoid smoking and using illegal drugs. Both can harm your baby. Taking prescription drugs (such as codeine, tranquilizers, or sleeping pills) for nonmedical reasons also can be harmful.

**What are some birth control methods that I can use while breastfeeding?**

*Progestin*-only methods, including pills, the implant, and the injection, can be started immediately after childbirth while you are still in the hospital. Methods that contain *estrogen*, such as combination birth control pills, the vaginal ring, and the skin patch, should not be used during the first month of breastfeeding. Estrogen may decrease your milk supply. Once breastfeeding is established, estrogen-containing methods can be used.

**What should I know about returning to work if I am breastfeeding?**

By law, your employer is required to provide a reasonable amount of break time and a place to express milk as frequently as needed for up to 1 year following the birth of a child. The space provided by the employer cannot be a bathroom, and it must be shielded from view and free from intrusion by coworkers or the public. You also will need a safe place to store the milk properly. During an 8-hour workday, you should be able to pump enough milk during your breaks.

**Glossary**

*Antibiotic*: A drug that treats infections.

*Antibodies*: Proteins in the blood produced in reaction to foreign substances, such as bacteria and viruses that cause infection.

*Areola*: The darker skin around the nipple.

*Colostrum*: A fluid secreted in the breasts at the beginning of milk production.

*Estrogen*: A female hormone produced in the ovaries.

*Immune System*: The body's natural defense system against foreign substances and invading organisms, such as bacteria that cause disease.

*Oxytocin*: A hormone used to help bring on contractions of the uterus.

*Preterm*: Born before 37 weeks of pregnancy.

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

*Sudden Infant Death Syndrome (SIDS)*: The unexpected death of an infant and in which the cause is unknown.

*If you have further questions, contact your obstetrician—gynecologist.*

*FAO029*: Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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Postpartum Depression

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- Glossary

What are the postpartum blues?
About 2–3 days after childbirth, some women begin to feel depressed, anxious, and upset. They may feel angry with the new baby, their partners, or their other children. They also may
- cry for no clear reason
- have trouble sleeping, eating, and making choices
- question whether they can handle caring for a baby
These feelings, often called the postpartum blues, may come and go in the first few days after childbirth.

How long do the postpartum blues usually last?
The postpartum blues usually get better within a few days or 1–2 weeks without any treatment.

What is postpartum depression?
Women with postpartum depression have intense feelings of sadness, anxiety, or despair that prevent them from being able to do their daily tasks.

When does postpartum depression occur?
Postpartum depression can occur up to 1 year after having a baby, but it most commonly starts about 1–3 weeks after childbirth.
What causes postpartum depression?
Postpartum depression probably is caused by a combination of factors. These factors include the following:

- Changes in hormone levels—Levels of estrogen and progesterone decrease sharply in the hours after childbirth. These changes may trigger depression in the same way that smaller changes in hormone levels trigger mood swings and tension before menstrual periods.
- History of depression—Women who have had depression at any time—before, during, or after pregnancy—or who currently are being treated for depression have an increased risk of developing postpartum depression.
- Emotional factors—Feelings of doubt about pregnancy are common. If the pregnancy is not planned or is not wanted, this can affect the way a woman feels about her pregnancy and her unborn baby. Even when a pregnancy is planned, it can take a long time to adjust to the idea of having a new baby. Parents of babies who are sick or who need to stay in the hospital may feel sad, angry, or guilty. These emotions can affect a woman's self-esteem and how she deals with stress.
- Fatigue—Many women feel very tired after giving birth. It can take weeks for a woman to regain her normal strength and energy. For women who have had their babies by cesarean birth, it may take even longer.
- Lifestyle factors—Lack of support from others and stressful life events, such as a recent death of a loved one, a family illness, or moving to a new city, can greatly increase the risk of postpartum depression.

If I think I have postpartum depression, when should I see my health care provider?
If you think you may have postpartum depression, or if your partner or family members are concerned that you do, it is important to see your health care provider as soon as possible. Do not wait until your postpartum checkup.

How is postpartum depression treated?
Postpartum depression can be treated with medications called antidepressants. Talk therapy also is used to treat depression, often in combination with medications.

What are antidepressants?
Antidepressants are medications that work to balance the chemicals in the brain that control moods. There are many types of antidepressants. Drugs sometimes are combined when needed to get the best results. It may take 3–4 weeks of taking the medication before you start to feel better.

Can antidepressants cause side effects?
Antidepressants can cause side effects, but most are temporary and go away after a short time. If you have severe or unusual side effects that get in the way of your normal daily habits, notify your health care provider. You may need to try another type of antidepressant. If your depression worsens soon after starting medication or if you have thoughts of hurting yourself or others, contact your health care provider or emergency medical services right away.

Can antidepressants be passed to my baby through my breast milk?
If a woman takes antidepressants, they can be transferred to her baby during breastfeeding. The levels found in breast milk generally are very low. Breastfeeding has many benefits for both you and your baby. Deciding to take an antidepressant while breastfeeding involves weighing these benefits against the potential risks of your baby being exposed to the medication in your breast milk. It is best to discuss this decision with your health care provider.

What happens in talk therapy?
In talk therapy (also called psychotherapy), you and a mental health professional talk about your feelings and discuss how to manage them. Sometimes, therapy is needed for only a few weeks, but it may be needed for a few months or longer.

What are the types of talk therapy?
You may have one-on-one therapy with just you and the therapist or group therapy where you meet with a therapist and other people with problems similar to yours. Another option is family or couples therapy, in which you and your family members or your partner may work with a therapist.

What can be done to help prevent postpartum depression in women with a history of depression?
If you have a history of depression at any time in your life or if you are taking an antidepressant, tell your health care provider early in your prenatal care. Ideally, you should tell your health care provider before you become pregnant. Your health care provider may suggest that you begin treatment right after you give birth to prevent postpartum depression. If you were taking antidepressants before pregnancy, your health care provider can assess your situation and help you decide whether to continue taking medication during your pregnancy.
What support is available to help me cope with postpartum depression?

Support groups can be found at local hospitals, family planning clinics, or community centers. The hospital where you gave birth or your health care provider may be able to assist you in finding a support group. Useful information about postpartum depression can be found on the following web sites:

- National Women's Health Information Center  
  http://www.womenshealth.gov/mental-health/illnesses/postpartum-depression.html

- Postpartum Support International  
  www.postpartumsupport.net

- Medline Plus  

Glossary

**Antidepressants:** Medications that are used to treat depression.

**Cesarean Birth:** Birth of a baby through surgical incisions made in the mother's abdomen and uterus.

**Estrogen:** A female hormone produced in the ovaries.

**Hormone:** A substance made in the body by cells or organs that controls the function of cells or organs. An example is estrogen, which controls the function of female reproductive organs.

**Postpartum Blues:** Feelings of sadness, fear, anger, or anxiety occurring about 3 days after childbirth and usually ending within 1–2 weeks.

**Postpartum Depression:** Intense feelings of sadness, anxiety, or despair after childbirth that interfere with a new mother's ability to function and that do not go away after 2 weeks.

**Progestrone:** A female hormone that is produced in the ovaries and that prepares the lining of the uterus for pregnancy.

If you have further questions, contact your obstetrician–gynecologist.

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Birth Control Pills

- How do birth control pills work?
- How effective are birth control pills in preventing pregnancy?
- What are the different types of birth control pills?
- What are continuous-dose pills?
- How do I start combination pills?
- How do I take 21-day combination pills?
- How do I take 28-day combination pills?
- How do I take 3-month combination pills?
- How do I take 1-year combination pills?
- Can other medications change the effectiveness of the combination pill?
- Are there benefits to taking the combination birth control pill?
- What are the risks of combination pill use?
- How do I take progestin-only pills?
- What are the benefits of progestin-only pills?
- Who should not take progestin-only pills?
- What should I do if I miss a pill?
- What side effects are associated with taking birth control pills?
- Glossary

How do birth control pills work?
Birth control pills contain hormones that prevent ovulation. These hormones also cause other changes in the body that help prevent pregnancy. The mucus in the cervix thickens, which makes it hard for sperm to enter the uterus. The lining of the uterus thins, making it less likely that a fertilized egg can attach to it.

How effective are birth control pills in preventing pregnancy?
With typical use, about 8 in 100 women (8%) will become pregnant during the first year of using this method. When used perfectly, 1 in 100 women will become pregnant during the first year. To be effective at preventing pregnancy, the pill must be taken every day at the same time each day.

What are the different types of birth control pills?
There are two basic types of birth control pills: 1) combination pills, which contain the hormones estrogen and progestin, and 2) progestin-only pills.

What are continuous-dose pills?
Continuous-dose pills are a type of combination pill. They also are called extended-cycle pills. These pills reduce the number of menstrual periods a woman has or stop them altogether.
How do I start combination pills?
There are different options for starting the combination pill. You can start taking the pill on the first day of your menstrual period. Another option is to start taking the pill on the Sunday after your menstrual period starts. With this method, you need to use a backup birth control method for the next 7 days of the first cycle. No matter which day you choose to start taking the pill, you will start each new pack of pills on the same day of the week as you started the first pack.

How do I take 21-day combination pills?
Take one pill at the same time each day for 21 days. Wait 7 days before starting a new pack. During the week you are not taking the pill, you will have bleeding.

How do I take 28-day combination pills?
Take one pill at the same time each day for 28 days. Depending on the brand, the first 21 pills or 24 pills contain estrogen and progestin. The remaining pills may be estrogen-only pills, pills that contain a dietary supplement but no hormones, or "inactive" (containing no hormones or supplements) pills. During the days you are taking the hormone-free pills, you will have bleeding.

How do I take 3-month combination pills?
Take one pill at the same time each day for 84 days. Depending on the brand, the last seven pills either contain no hormones or contain estrogen. With both brands, you will have bleeding on these days every 3 months.

How do I take 1-year combination pills?
Take one pill at the same time each day for a year. In time, bleeding will be less and may even stop.

Can other medications change the effectiveness of the combination pill?
Certain drugs may interfere with the effectiveness of the pill. These include two antibiotics (rifampin and griseofulvin), some seizure medications, and some drugs used to treat human immunodeficiency virus (HIV).

Are there benefits to taking the combination birth control pill?
The combination birth control pill has health benefits in addition to preventing pregnancy. The pill helps to keep bleeding cycles regular, lighter, and shorter and reduces cramps. It can be used in the treatment of certain disorders that cause heavy bleeding and menstrual pain, such as fibroids and endometriosis. Some pills may help control acne. Combination pills may also decrease the risk of cancer of the uterus and ovaries and improve bone density during perimenopause.

What are the risks of combination pill use?
Combination birth control pills are safe for most women. However, they are associated with a small increased risk of deep vein thrombosis, heart attack, and stroke. The risk is higher in some women, including women older than 35 years who smoke more than 15 cigarettes a day or women who have multiple risk factors for cardiovascular disease, such as high cholesterol, high blood pressure, and diabetes. Discuss your individual risks for these complications with your health care provider before deciding to use combination birth control pills.

How do I take progestin-only pills?
The progestin-only pill comes in packs of 28 pills. All the pills in the pack contain hormones. One pill is taken per day. It is important to take progestin-only pills at the same time each day. If a pill is missed by more than 3 hours or if vomiting occurs after taking a pill, you should take another pill as soon as possible and use a backup method of contraception for the next 48 hours.

What are the benefits of progestin-only pills?
The progestin-only pill may be a better choice for women who have certain health problems, such as blood clots, and cannot take pills with estrogen. Progestin-only pills usually can be used soon after childbirth by women who are breastfeeding.

Who should not take progestin-only pills?
Progestin-only pills may not be a good choice for women who have certain medical conditions, such as liver tumors or lupus. Women who have breast cancer should not take progestin-only pills.

What should I do if I miss a pill?
You should know what to do if you miss a pill. The procedure differs with each type. Read the directions that come with your pills carefully. You also may want to call your health care provider. With some types of pills and depending on how many pills are missed, you may need to use a backup method of birth control or consider emergency contraception.

What side effects are associated with taking birth control pills?
When beginning any birth control pill, there is a high likelihood of breakthrough bleeding during the first few months of use. Breakthrough bleeding is a normal and usually temporary side effect as the body adjusts to a change in hormone levels. It may last longer than a few months with continuous-dose pills.
Most side effects are minor and often go away after a few months of use. There will likely be fewer side effects if the pill is taken at the same time every day. The most common side effects of using birth control pills include the following:

- Headache
- Breast tenderness
- Nausea
- Irregular bleeding
- Missed periods
- Weight gain (progestin-only pills)
- Anxiety or depression (progestin-only pills)
- Excessive body hair growth (progestin-only pills)
- Acne (progestin-only pills)

Glossary

Antibiotics: Drugs that treat infections.

Breakthrough Bleeding: Vaginal bleeding at a time other than the menstrual period.

Cardiovascular Disease: Disease of the heart and blood vessels.

Cervix: The opening of the uterus at the top of the vagina.

Deep Vein Thrombosis: A condition in which a blood clot forms in veins in the leg or other areas of the body.

Emergency Contraception: Methods that are used to prevent pregnancy after a woman has had sex without birth control, after the method she used has failed, or if a woman is raped. Emergency contraception methods include progestin-only pills, ulipristal, birth control pills taken in specific amounts, or a copper intrauterine device. The pills must be taken within 120 hours to reduce the risk of pregnancy.

Endometriosis: A condition in which tissue similar to that normally lining the uterus is found outside of the uterus, usually on the ovaries, fallopian tubes, and other pelvic structures.

Estrogen: A female hormone produced in the ovaries.

Fibroids: Benign growths that form in the muscle of the uterus.

Hormones: Substances produced by the body to control the functions of various organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body’s immune system and causes acquired immunodeficiency syndrome (AIDS).

Ovulation: The release of an egg from one of the ovaries.

Perimenopause: The period around menopause that usually extends from age 45 years to 55 years.

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

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

If you have further questions, contact your obstetrician—gynecologist.

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Getting in Shape After Your Baby Is Born

- What are the benefits of exercising after having a baby?
- When can I start exercising after having a baby?
- How do I get started with an exercise program?
- When should I add exercises besides walking?
- What resources are available?
- What are some basic tips for staying cool and comfortable while exercising?
- How can I warm up before exercising?
- What is my target heart rate?
- How can I cool down?

What are the benefits of exercising after having a baby?
Daily exercise can help restore muscle strength and firm up your body. Exercise can make you less tired because it raises your energy level and improves your sense of well-being.

During pregnancy, the muscles in your abdomen stretch. It takes time for good muscle tone to return. Exercising helps tighten these muscles.

When can I start exercising after having a baby?
Check with your doctor before starting an exercise program. You should start when you feel up to it and know you will keep it up. Follow the same guidelines as you did when you were pregnant. If you had a cesarean birth, a difficult birth, or complications, it may take a little while longer to feel ready to start exercising.

If you did not exercise during pregnancy, start with easy exercises and slowly build up to harder ones. If you exercised regularly throughout pregnancy, you have a head start. You should not try to resume your former pace right away, though.

How do I get started with an exercise program?
Walking is a good way to get back in shape. Brisk walks will prepare you for more vigorous exercise when you feel up to it. Walking is a good choice for exercise because the only thing you need is a pair of comfortable shoes. It is free, and you can do it almost any place or time.

Walking also is good because your baby can come along. The two of you can get out of the house for exercise and fresh air without needing to find child care. Seeing other people and being outside can help relieve stress and tension.

When should I add exercises besides walking?
As you feel stronger, think about trying more vigorous exercise. You will want to decide on exercises that meet your needs. A good program will make your heart and lungs stronger and tone your muscles.

There are special postpartum exercise classes that you can join. Your health care provider can help you find some good classes.

What resources are available?
Resources that may be helpful are local health and fitness clubs, community centers, local colleges, hospitals, and adult education programs. With any program you get involved in, make sure it is one you will keep doing. Exercise over time is more important than starting right away after birth.
What are some basic tips for staying cool and comfortable while exercising?

- Wear comfortable clothing that will help keep you cool.
- Wear a bra that fits well and gives plenty of support to help protect your breasts.
- Drink plenty of water.

How can I warm up before exercising?

Before you begin each exercise session, always warm up for 5–10 minutes. This light activity, such as slow walking, prepares your muscles for exercise. As you warm up, stretch your muscles to avoid injury. Hold each stretch for 10–20 seconds—do not bounce.

What is my target heart rate?

You should exercise so that your heart beats at the level that gives you the best workout. This is called your target heart rate. Your target heart rate is 50–85% of the average maximum heart rate for your age.

To check your heart rate, count the beats by feeling the pulse on the inside of your wrist. Count for 10 seconds. Multiply this count by 6 to get the number of beats per minute.

<table>
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<th>Age</th>
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When you begin your exercise program, aim for the lower range of your target heart rate (50% of your maximum heart rate). As you get into better shape, slowly build up to the higher end of your target heart rate. After 6 months of exercise, you should be able to exercise at up to 85% of your maximum heart rate. But you do not need to exercise at 85% of your maximum heart rate to stay fit. You should aim to exercise about 20–30 minutes while in your target heart rate.

How can I cool down?

After exercising, cool down by slowing your activity. Cooling down allows your heart rate to return to normal levels. Cooling down for 5–10 minutes, followed by stretching, also helps prevent sore muscles.

If you have further questions, contact your obstetrician–gynecologist.

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Implants, Injections, Rings, and Patches: Hormonal Birth Control Options

- What are hormonal birth control methods?
- How do hormonal birth control methods work?
- How effective are these methods?
- Do hormonal birth control methods protect against sexually transmitted diseases (STDs)?
- What is the contraceptive implant?
- What are the benefits, risks, and side effects of the contraceptive implant?
- What is the birth control injection?
- How often are injections given?
- What are the benefits, risks, and side effects of the injection?
- What is the vaginal ring?
- How is the ring used?
- What happens if the ring slips out?
- What are the benefits, risks, and side effects of the ring?
- What is the skin patch?
- How is the skin patch used?
- What are the benefits, risks, and side effects of the skin patch?
- Glossary

What are hormonal birth control methods?
Besides oral contraceptives (birth control pills) and the hormonal intrauterine device, there are several other forms of hormonal birth control: implants, injections, rings, and patches.

How do hormonal birth control methods work?
Hormonal birth control methods work by releasing hormones to prevent ovulation. The cervical mucus thickens, making it hard for sperm to reach the egg. The endometrium thins, making it less likely that a fertilized egg will attach to it.

How effective are these methods?
The number of women out of 100 who will become pregnant during the first year of typical use (when a method is used by the average person who does not always use the method correctly or consistently) of each of these methods is as follows:
- Implant—Less than 1 woman will become pregnant
- Injection—3 women will become pregnant
- Vaginal ring—8 women will become pregnant
- Skin patch—8 women will become pregnant
Do hormonal birth control methods protect against sexually transmitted diseases (STDs)?

Hormonal birth control methods do not protect against sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) (see the FAQ How to Prevent Sexually Transmitted Diseases). A male or female condom should be used with these methods to protect against STDs if you are at risk of STD infection.

What is the contraceptive implant?

A contraceptive implant is a single rod about the size of a matchstick. A health care provider inserts the implant under the skin with a special applicator.

What are the benefits, risks, and side effects of the contraceptive implant?

- Benefits:
  - The implant protects against pregnancy for up to 3 years.
  - If you wish to become pregnant, the implant can be removed easily by your health care provider, and fertility returns without delay.
  - The implant can be used by women who are breastfeeding.

- Risks:
  - Although rare, if pregnancy occurs while the implant is inserted, there is an increased risk of it being an ectopic pregnancy.
  - Problems with insertion of the implant, such as inserting the implant too deeply, are possible.

- Possible side effects:
  - Irregular bleeding.
  - Weight gain
  - Mood changes
  - Headache
  - Acne
  - Depression

What is the birth control injection?

An injection of depot medroxyprogesterone acetate (DMPA) provides protection against pregnancy for 3 months. Depot medroxyprogesterone acetate is a type of progestin.

How often are injections given?

Injections must be given every 3 months by a health care provider, and you must get the injection on time. The first one usually is given within the first 5 days after the start of your menstrual period.

What are the benefits, risks, and side effects of the injection?

- Benefits:
  - The injection may decrease the risk of endometrial cancer.
  - The injection may decrease the frequency of menstrual migraines.
  - It can be used by women who are breastfeeding.

- Risks:
  - Many women and teenagers have a decrease in bone density while using hormonal injections. Bone density appears to return to levels that are normal for the woman's age when the injections are stopped.
  - Women who have multiple risk factors for cardiovascular disease, like smoking, older age, or diabetes, may be at increased risk of cardiovascular disease while using the DMPA injection. This increased risk may last for some time after the method is stopped. Women with a history of stroke, vascular disease, or high blood pressure also may be at increased risk of cardiovascular disease while using this method.

- Possible side effects:
  - Delay in fertility after stopping DMPA: after you stop DMPA injections, fertility returns in about 10 months. For some women, it may take longer.
  - Irregular bleeding during the first 6–9 months of use
  - Weight gain
  - Headaches
  - Nervousness
  - Dizziness
  - Weakness or fatigue
What is the vaginal ring?

The vaginal ring is a flexible, plastic ring that you insert into the upper vagina. It releases estrogen and progestin. You do not need to visit your healthcare provider to have the ring inserted or removed, but a healthcare provider must prescribe it. You may need to use a backup method of birth control, such as a condom, for the first 7 days of use.

How is the ring used?

The ring is worn for 21 days, removed for 7 days, and then a new ring is inserted. During the week it is out, bleeding occurs. To use the ring as a continuous-dose form of birth control, remove the old ring and insert a new ring every 3 weeks with no ring-free week in between.

What happens if the ring slips out?

If the ring slips out, you should use a backup method of birth control for 7 days. If it slips out of place often, you may need to choose a different method of birth control.

What are the benefits, risks, and side effects of the ring?

- **Benefits:**
  - The ring may reduce pain during menstrual periods.
  - It may improve acne and reduce excess hair growth.
  - When used continuously (a new ring every 3 weeks), the ring can help prevent menstrual migraines.

- **Risks:**
  - There is a small increased risk of deep vein thrombosis (DVT), heart attack, and stroke. The risk is higher in some women, including women older than 35 years who smoke more than 15 cigarettes a day or women who have multiple risk factors for cardiovascular disease.
  - Discuss your individual risks for these complications with your healthcare provider.

- **Possible side effects:**
  - Vaginal infections and irritation
  - Vaginal discharge
  - Headaches
  - Weight gain
  - Nausea

What is the skin patch?

The contraceptive skin patch is a small (1.75 square inch) adhesive patch that is worn on the skin and releases estrogen and progestin into the bloodstream. It should not come off during regular activities, such as bathing, exercising, or swimming.

How is the skin patch used?

The patch is used on a 4-week or 28-day cycle. A patch is worn for a week at a time for a total of 3 weeks in a row. During the fourth week, a patch is not worn and bleeding occurs. After week 4, a new patch is applied and the cycle is repeated. To use the patch as a continuous-dose form of birth control, apply a new patch every week on the same day without skipping a week.

What are the benefits, risks, and side effects of the skin patch?

- **Benefits:**
  - The patch may improve acne and decrease unwanted excess hair growth.
  - Used continuously, it can reduce the frequency of menstrual migraines.

- **Risks:**
  - There is a small increased risk of DVT, heart attack, and stroke. The risk is higher in some women, including women older than 35 years who smoke more than 15 cigarettes a day or women who have multiple risk factors for cardiovascular disease.
  - Discuss your individual risks for these complications with your healthcare provider.

- **Possible side effects:**
  - Nausea
  - Headaches
  - Skin irritation

Glossary

**Cardiovascular Disease:** Disease of the heart and blood vessels.
Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in the veins in the leg or other areas of the body.

Ectopic Pregnancy: A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in the fallopian tubes.

Endometrium: The lining of the uterus.

Estrogen: A female hormone produced in the ovaries.

Hormones: Substances produced by the body to control the functions of various organs.

Human Immunodeficiency Virus (HIV): A virus that attacks certain cells of the body's immune system and causes acquired immunodeficiency syndrome (AIDS).

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

Ovulation: The release of an egg from one of the ovaries.

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

Sexually Transmitted Diseases (STDs): Diseases that are spread by sexual contact, including chlamydia, gonorrhea, human papillomavirus infection, herpes, syphilis, and infection with human immunodeficiency virus (HIV, the cause of acquired immunodeficiency syndrome [AIDS]).

If you have further questions, contact your obstetrician-gynecologist.

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Postpartum Sterilization

- What is sterilization?
- What is postpartum sterilization?
- What is the most common method of postpartum sterilization?
- When is postpartum sterilization performed?
- How is postpartum sterilization performed?
- How long does postpartum sterilization take?
- Are there risks associated with postpartum sterilization?
- What are the side effects of postpartum sterilization?
- What should I consider when choosing a sterilization method?
- Glossary

What is sterilization?
Sterilization is a permanent method of birth control. Sterilization for women is called tubal sterilization. In tubal sterilization, the fallopian tubes are closed off. Tubal sterilization prevents the egg from moving down the fallopian tube to the uterus and keeps the sperm from reaching the egg (see the FAQ Sterilization for Women and Men).

What is postpartum sterilization?
*Postpartum sterilization* is sterilization performed after the birth of a baby.

What is the most common method of postpartum sterilization?
The method used most often for postpartum sterilization is called tubal ligation. For women who have had a vaginal delivery, a small incision is made in the abdomen (a procedure called *minilaparotomy*). For women who have had a *cesarean delivery*, postpartum tubal ligation can be done through the same abdominal incision that was made for delivery of the baby.

When is postpartum sterilization performed?
After a woman gives birth, the fallopian tubes and the still-enlarged uterus are located just under the abdominal wall below the navel. Postpartum tubal ligation ideally is done before the uterus returns to its normal location, usually within a few hours or days following delivery. For women who have had a cesarean delivery, it is done right after the baby is born.

How is postpartum sterilization performed?
Postpartum sterilization is performed with *regional anesthesia, general anesthesia,* or *local anesthesia.* A small incision is made below the navel. If you had a cesarean delivery, tubal ligation is done through the incision that has already been made. The fallopian tubes are brought up through the incision. Usually, the tubes then are cut and closed with special thread. After the tubes are closed off, the incision below the navel is closed with stitches and a bandage.

How long does postpartum sterilization take?
The operation takes about 30 minutes. Having it done soon after childbirth usually does not make your hospital stay any longer.
Are there risks associated with postpartum sterilization?
In general, tubal sterilization is a safe form of birth control. It has a low risk of death and complications. The most common complications are those that are related to general anesthesia. Other risks include bleeding and infection.

What are the side effects of postpartum sterilization?
Side effects after surgery vary and may depend on the type of anesthesia used and the way the surgery is performed. You likely will have some pain in your abdomen and feel tired. The following side effects also can occur but are not as common:

- Dizziness
- Nausea
- Shoulder pain
- Abdominal cramps
- Gassy or bloated feeling
- Sore throat (from the breathing tube if general anesthesia was used)

If you have abdominal pain that does not go away after a few days, if pain is severe, or if you have a fever, contact your health care provider right away.

What should I consider when choosing a sterilization method?
Deciding on a method of sterilization involves considering the following factors:

- Personal choice
- Physical factors, such as weight
- Medical history

Sometimes previous surgery, obesity, or other conditions may affect which method can be used. You should be fully aware of the risks, benefits, and other options before making a choice.

Glossary
Cesarean Delivery: Delivery of a baby through incisions made in the mother's abdomen and uterus.
Fallopi an Tubes: Tubes through which an egg travels from the ovary to the uterus.
General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.
Local Anesthesia: The use of drugs that prevent pain in a part of the body.
Minilaparotomy: A small abdominal incision used for a sterilization procedure, in which the fallopian tubes are closed off.
Postpartum Sterilization: A permanent procedure that prevents a woman from becoming pregnant, performed soon after the birth of a child.
Regional Anesthesia: The use of drugs to block sensation in certain areas of the body.

If you have further questions, contact your obstetrician–gynecologist.

FA6052: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.
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Long-Acting Reversible Contraception (LARC): IUD and Implant

- What are long-acting reversible contraception (LARC) methods?
- How effective are LARC methods?
- How do LARC methods compare with other methods of contraception?
- What is the intrauterine device (IUD)?
- How does the IUD work?
- What are the benefits of the IUD?
- How is the IUD inserted?
- Will I feel anything when the IUD is inserted?
- What are possible side effects of use of the IUD?
- What are possible risks of use of the IUD?
- What is the birth control implant?
- How does the birth control implant work?
- What are the benefits of the birth control implant?
- How is the birth control implant inserted?
- How is the birth control implant removed?
- What are possible side effects of use of the birth control implant?
- What are possible risks of use of the birth control implant?
- Glossary

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

Long-acting reversible contraception (LARC) methods include the *intrauterine device (IUD)* and the *birth control implant*. Both methods are highly effective in preventing pregnancy, last for several years, and are easy to use. Both are reversible—if you want to become pregnant or if you want to stop using them, you can have them removed at any time.

How effective are LARC methods?

The IUD and the implant are the most effective forms of reversible birth control available. During the first year of typical use, fewer than 1 in 100 women using an IUD or an implant will become pregnant. This rate is in the same range as that for *sterilization*.

How do LARC methods compare with other methods of contraception?

Over the long term, LARC methods are 20 times more effective than birth control pills, the patch, or the ring.
What is the intrauterine device (IUD)?
The IUD is a small, T-shaped, plastic device that is inserted into and left inside the uterus. There are two types of IUDs:

1. The hormonal IUD releases progestin. One hormonal IUD is approved for use for up to 5 years. Another is approved for use for up to 3 years.
2. The copper IUD does not contain hormones. It is approved for use for up to 10 years.

How does the IUD work?
Both types of IUDs work mainly by preventing fertilization of the egg by the sperm. The hormonal IUD also thickens cervical mucus, which makes it harder for sperm to enter the uterus and fertilize the egg, and keeps the lining of the uterus thin, which makes it less likely that a fertilized egg will attach to it.

What are the benefits of the IUD?
The IUD has the following benefits:

- Once it 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.
- It can be inserted immediately after an abortion, a miscarriage, or childbirth and while breastfeeding.
- Almost all women are able to use an IUD.
- If you wish to become pregnant or if you want to stop using it, you can simply have the IUD removed.
- The hormonal IUD helps decrease menstrual pain and heavy menstrual bleeding.
- The copper IUD also is the most effective form of emergency contraception.

How is the IUD inserted?
A health care provider must insert and remove the IUD. He or she will review your medical history and will perform a pelvic exam. To insert the IUD, the health care provider puts the IUD in a slender plastic tube. He or she places the tube into the vagina and guides it through the cervix into the uterus. The tube is withdrawn, leaving the IUD in place.

Will I feel anything when the IUD is inserted?
Insertion of the IUD may cause some discomfort. Taking over-the-counter pain relief medication before the procedure may help. The IUD has a string made of thin plastic threads. After insertion, the strings are trimmed so that 1–2 inches extend past the cervix into your vagina. The strings should not bother you.

What are possible side effects of use of the IUD?
With the copper IUD, menstrual pain and bleeding may increase. Bleeding between periods may occur. Both effects are common in the first few months of use. Pain and heavy bleeding usually decrease within 1 year of use.

Both hormonal IUDs may cause spotting and irregular bleeding in the first 3–6 months of use. The amount of menstrual bleeding and the length of the menstrual period usually decrease over time. Menstrual pain also usually decreases. A few women also may have side effects related to the hormones in these IUDs. These side effects may include headaches, nausea, depression, and breast tenderness.

What are possible risks of use of the IUD?
Serious complications from use of an IUD are rare. However, some women do have problems. These problems usually happen during or soon after insertion:

- The IUD may come out of the uterus. This happens in about 5% of users in the first year of using the IUD.
- The IUD can perforate (or pierce) the wall of the uterus during insertion. It is rare and occurs in only about 1 out of every 1,000 insertions.
- Pelvic inflammatory disease (PID) is an infection of the uterus and fallopian tubes. PID may cause scarring in the reproductive organs, which may make it harder to become pregnant later. The risk of PID is only slightly increased in the first 20 days after insertion of an IUD, but the overall risk still is low (fewer than 1 in 100 women).
- Rarely, pregnancy may occur while a woman is 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.
What is the birth control implant?
The birth control implant is a single flexible rod about the size of a matchstick that is inserted under the skin in the upper arm. It releases progestin into the body. It protects against pregnancy for up to 3 years.

How does the birth control implant work?
The progestin in the implant prevents pregnancy mainly by stopping ovulation. In addition, the progestin in the implant thickens cervical mucus, which makes it harder for sperm to enter the uterus and fertilize the egg. Progestin also keeps the lining of the uterus thin, making it less likely that a fertilized egg will attach to it.

What are the benefits of the birth control implant?
The implant has the following benefits:

- Once it 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 can be inserted immediately after an abortion, a miscarriage, or childbirth and while breastfeeding.
- It does not interfere with sex or daily activities.
- Almost all women are able to use the implant.
- If you wish to become pregnant or if you want to stop using it, you can simply have the implant removed.

How is the birth control implant inserted?
The implant is inserted into your arm by a health care provider. A small area on your upper arm is numbed with a local anesthetic. No incision is made. Your health care provider places the implant under the skin with a special inserter. The procedure takes only a few minutes.

How is the birth control implant removed?
To remove the implant, your health care provider again numbs the area. One small incision is made. The implant then is removed.

What are possible side effects of use of the birth control implant?
The most common side effect of the implant is unpredictable bleeding. For some women, these bleeding patterns improve over time. Some women have less menstrual pain while using the implant. In some women, bleeding stops completely. Other common side effects include mood changes, headaches, acne, and depression. Some women have reported weight gain while using the implant, but it is not clear whether it is related to the implant.

What are possible risks of use of the birth control implant?
Possible risks include problems with insertion or removal of the implant. These problems occur in less than 2% of women. Although rare, if a woman becomes pregnant while the implant is inserted, there is a slightly increased risk that it will be an ectopic pregnancy.

Glossary

*Birth Control Implant:* A small, single rod that is inserted under the skin in the upper arm by a health care provider. It releases a hormone and protects against pregnancy for up to 3 years.

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

*Ectopic Pregnancy:* A pregnancy in which the fertilized egg begins to grow in a place other than inside the uterus, usually in one of the fallopian tubes.

*Egg:* The female reproductive cell produced in and released from the ovaries; also called the ovum.

*Emergency Contraception:* Methods that are used to prevent pregnancy after a woman has had sex without birth control, after the method she used has failed, or if a woman is raped.

*Fertilization:* Joining of the egg and sperm.

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

*Ovulation:* The release of an egg from one of the ovaries.

*Pelvic Exam:* A physical examination of a woman’s reproductive organs.

*Pelvic Inflammatory Disease (PID):* An infection of the uterus, fallopian tubes, and nearby pelvic structures.
**Progestin**: A synthetic form of progesterone that is similar to the hormone produced naturally by the body.

**Sperm**: A cell produced in the male testes that can fertilize a female egg.

**Sterilization**: A permanent method of birth control.

**Uterus**: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

**Vagina**: A tube-like structure surrounded by muscles leading from the uterus to the outside of the body.

If you have further questions, contact your obstetrician–gynecologist.

FA0184: Designed as an aid to patients, this document sets forth current information and opinions related to women’s health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.

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