

Postpartum Birth Control After a High-Risk Pregnancy: Long-acting Reversible Contraception

Quick Facts About Postpartum Birth Control:

- * It's a good idea for all women and especially those who have had a high-risk pregnancy.
- * It allows you to plan to get pregnant again when it's right for you and your health.
- * Many types of birth control can be started right after having a baby—even in the delivery room.
- * The best time to choose a postpartum birth control method is while you are still pregnant.
- * Long-acting reversible contraception (LARC) is a great choice for postpartum birth control.

What is postpartum birth control?

The "postpartum period" is generally considered to be the first 6 weeks after having a baby. Using a birth control method during this time has many benefits for all women but especially for women who have had a high-risk pregnancy.

What is a high-risk pregnancy?

A pregnancy is considered to be high-risk if you have any of the following:

- You have certain medical conditions (see Box) before you become pregnant.
- You get sick while you are pregnant, such as with an infection or other illness.
- You've had past pregnancy problems, such as preterm birth, preeclampsia, or fetal growth problems.
- You find out that your fetus has a birth defect or other health problem during pregnancy or after delivery.

Why is using postpartum birth control important for women who have had a high-risk pregnancy?

An unintended pregnancy soon after a high-risk pregnancy can make an existing medical condition worse or lead to health problems for your baby that may last into childhood. If there is a chance you could get pregnant again after you have just had your baby—in other words, if you have unprotected sex with a male partner—using birth control is a good idea. It's possible to get pregnant as early as 25 days after having a baby. Waiting at least 6 and up to 18 months before getting pregnant again gives you a chance to become as healthy as possible. If you don't want to have more children, using birth control helps you avoid pregnancy altogether.

What is the best time to start a birth control method after having a baby?

For women who have had a high-risk pregnancy or who have certain health conditions, starting a birth control method is encouraged as soon as possible after having a baby. Although it's common to have a check-up 6-weeks after delivery, in reality, many women have sexual intercourse before this visit. Many forms of birth control can be started in the delivery room after you have your baby or while you are still in the hospital. If that's not possible, getting it as soon as you can after you are discharged is the next best option.

Health Problems That Can Lead to a High-Risk Pregnancy

Maternal medical conditions:

Bariatric surgery within the past 2 years
Cancer
Cardiovascular disease
Chronic hypertension
Chronic liver disease
Chronic renal disease
Diabetes
Epilepsy
HIV
Maternal genetic disorders
Morbid obesity
Sickle cell disease
Solid organ transplant within the past 2 years.
Substance use disorder
Systemic lupus erythematosus
Thrombophilia
Venous thromboembolism

Obstetric complications:

Critical intensive care unit admission
Preeclampsia
Preterm birth
Peripartum cardiomyopathy

What is the best time to choose a postpartum birth control method?

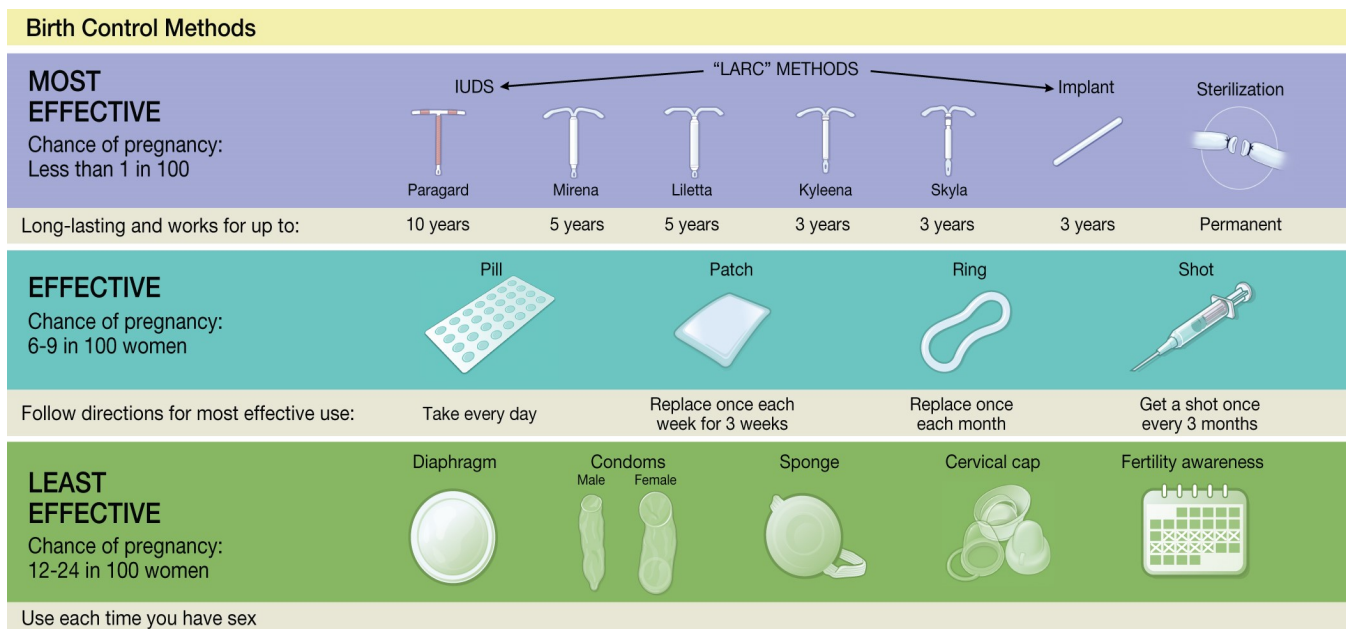
A good time to choose the birth control method you will use after pregnancy is while you are still pregnant. Prenatal care visits are a great time to talk about birth control.

How do I choose a birth control method?

The best birth control method for you is one that you are comfortable using, is effective at preventing pregnancy, fits your reproductive plan, and helps you stay healthy. There are a lot of birth control options to choose from (see the figure below). Your health-care provider can help you make the best choice. It's also good idea to be as informed as possible about all of the methods out there.

What are long-acting reversible contraception methods?

Long-acting reversible contraception (LARC) methods include intrauterine devices (which are put into the uterus) and the implant (which goes under the skin in your upper arm). LARC methods are discussed on separate fact sheets. Feel free to print them out or download to your phone.



The Society for Maternal-Fetal Medicine's Patient Education Series reflects the content of current, published SMFM practice guidelines. Each series document has undergone extensive internal review prior to publication. Patient Education documents should not be used as a substitute for the advice and care of a medical professional.