factsheet

AFTER HAVING A BABY



What happens after giving birth?

Your body goes through lots of changes in the weeks after giving birth. You may have heard the terms postpartum and postnatal used to describe the time after birth. During this time your body is returning to how it was before pregnancy – it usually takes much longer than 6 weeks to feel back to normal.

You should have a postnatal check-up when your baby is about 6 weeks old. You can have your check up at your GP or at a Family Planning Australia clinic. This visit is a good time to talk about contraception, sleep patterns, breastfeeding and any stresses you are experiencing with the adjustment to caring for a baby.

Information on common issues during this time is provided below.

Bleeding after delivery

People bleed from the vagina after giving birth – this bleeding is called lochia. In the weeks after you give birth, the bleeding will become lighter and become a pink or brown colour, usually stopping by 6 weeks.

There's no reliable way to predict exactly when your period will return after pregnancy or what it will be like, as everyone's body is different.

If you are not breastfeeding, you may get your first period 4 weeks after giving birth. If you are breastfeeding, your period may return at different times – some people get it sooner, some later, and some do not get a period at all while breastfeeding.

Contraception

If you want to avoid another pregnancy you should use contraception. You should use contraception from 21 days after giving birth but can start it earlier if this is more convenient.

If you are breastfeeding

Breastfeeding can be used as a method of contraception called the lactational amenorrhoea method (LAM) if:

- you are fully breastfeeding throughout the day and night; AND
- your periods have not started; AND
- it is less than 6 months since you had your baby
- Your baby should not have any supplements except water.

If you use this method you are still at a low risk of pregnancy. If you do not wish to fall pregnant, you should use another type of contraception.

Contraceptive options

Many contraceptive options can be started immediately after delivery. Options you can use straight away include:

- contraceptive implant
- the progestogen injection
- the progestogen-only pill
- condoms (external or internal condoms)

All of these options can be used when you are breastfeeding.

If you want to use a combined hormonal contraceptive pill ("the Pill") or the vaginal ring you will be advised to wait at least 3 weeks after giving birth because of the increased chance of blood clots at this time. While there is no evidence of any harm to the baby or an effect on the breast milk, many women wait until the baby is 6 months old before starting the Pill.

An intrauterine device (IUD) can be inserted within 48 hours of giving birth. There is a higher chance of the IUD coming out of the uterus if inserted at this time. Otherwise, it is generally advised to wait until 8-12 weeks after birth before inserting an IUD. If you are breastfeeding or had a baby less that 9 months ago, there is a small increased risk of the IUD going into or through the wall of the uterus when it is being put in.

The diaphragm can be used from 6 weeks after delivery.

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Postpartum sexual activity

There is no right or wrong time to start having sex again – you may feel like having sex again soon after giving birth or it may take much longer.

Whether you feel like having sex or not depends on many things. You may have bruising or swelling in your vulva and vagina - this area can be sore for weeks or months. It may be sore for longer if you have had stitches for a tear or an episiotomy (a cut made on the vulva to ease the baby's birth). This can cause pain during vaginal sex. It is a good idea to not have vaginal sex until the area is comfortable to touch. You can try other forms of sexual activity.

The hormonal changes that happen after you give birth can add to discomfort during sex. The vagina feels drier after birth - this can last for 2-3 months if you are not breastfeeding. It can be much longer if you are breastfeeding. Water-based lubricants and vaginal moisturisers from the pharmacy can be helpful. If that does not work, you can talk to your doctor about oestrogen cream or pessaries which may be useful.

Your vaginal muscles may tighten too much when you have vaginal sex - this is called vaginismus. If you have this, you may need to see a pelvic floor physiotherapist or clinical psychologist to help you with some muscle relaxation exercises.

If you are breastfeeding, you may feel less like having sex because your breasts may be sore. You may have milk come from your breasts during arousal and orgasm - if you do not want this to happen you can breastfeed before sex.

Some things can make you feel less like having sex. These can include:

- tiredness and lack of sleep
- changing roles and relationships with your partner and your family
- being worried about being sexually attractive

This is very normal – you can talk to your GP if you are worried and they may suggest that you see a counsellor or sex therapist for help. You can see them alone or as a couple.

Pelvic floor muscle weakness

The pelvic floor muscles can change during pregnancy and after birth, which may lead to issues such as leaking urine when coughing, sneezing, or exercising, as well as pelvic organ prolapse (when the uterus, bladder, or bowel sag into the vagina). Some people may also notice changes in sensation during sex.

If you have concerns about your pelvic floor, seeing a pelvic floor physiotherapist can help. They can assess your pelvic floor and provide guidance on exercises or treatments tailored to your needs.

For more information

- Visit your nearest Family Planning Australia clinic <u>fpnsw.org.au/clinics</u>
- Chat to a nurse via Talkline 1300 658 886 or fpnsw.org.au/talkline
- National Relay Service (for people who are d/Deaf, hard of hearing or have speech communication difficulties) – 133 677
- Translating and Interpreting Service (TIS National) – 131 450
- Family Planning NSW client resource on contraception – <u>What suits me?</u> <u>fpnsw.org.au/health-</u> <u>information/contraception/contraception-options</u>

The information in this Factsheet has been provided for educational purposes only and Family Planning Australia has taken care to ensure that the information is accurate and up-to-date at the time of publication. If you have personal concerns about your reproductive/sexual health, please see a health care provider or visit a Family Planning clinic. August 2025

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