

Contraceptive Choices – After a Miscarriage or Ectopic Pregnancy

Your normal fertility returns quickly after a miscarriage or ectopic pregnancy. If you want to delay or avoid another pregnancy you should use contraception.

How soon can I have sex again after a miscarriage or ectopic pregnancy?

- After a miscarriage, you can have sex when you and a partner feel ready.
- Depending on how an ectopic pregnancy was treated, you might be advised to wait for up to six weeks before having sex again, or until any bleeding from surgery has stopped.

When will my periods start again?

- After a miscarriage your periods usually return within 3–6 weeks but it can vary.
- After treatment for an ectopic pregnancy your periods may return within 2–10 weeks, depending on the treatment you had, but it can vary.
- You can get pregnant before your periods return because ovulation (releasing an egg) happens about 2 weeks before you get your period.

What if I want to get pregnant again?

- After a miscarriage, there's no need to wait if you want to get pregnant again, unless you had certain medical treatment (see below).
- After medical treatment with methotrexate for a miscarriage, it's important to wait at least 3 months after the treatment has finished before getting pregnant again.
- After surgical treatment for an ectopic pregnancy there's no need to wait if you want to get pregnant again.
- After medical treatment with methotrexate for an ectopic pregnancy, it's important to wait at least 3 months after the treatment has finished before getting pregnant again.

Which contraceptive method will be suitable for me?

This depends on what you and a partner prefer, your medical history, and whether you had any complications.

When should I start contraception after a miscarriage or ectopic pregnancy?

If you don't have any conditions or risks that mean you can't use certain methods, then you can start **any method** of contraception immediately after treatment for miscarriage or ectopic pregnancy. You'll be protected from pregnancy straight away.

If you choose **hormonal contraception** and you start this **more than 5 days** after treatment for miscarriage or ectopic pregnancy, use another method of contraception, such as condoms, or avoid sex for:

- 2 days after starting the progestogen-only pill
- 7 days after starting the IUS, contraceptive implant, contraceptive injection, combined pill (except Qlaira), contraceptive patch or contraceptive vaginal ring
- 9 days for the combined pill Qlaira.

If you have an infection in the uterus (womb) after treatment for a miscarriage or an ectopic pregnancy you won't be able to have an **IUD** or **IUS** fitted until the infection is gone.

Which methods of contraception are most effective?

Long-acting reversible contraceptives (LARC) are most effective. You don't need to remember to take or use them.

- Contraceptive implant – lasts for 3 years. Can be taken out earlier.
- IUD – lasts for 5-10 years depending on type. Can be taken out earlier.
- IUS – lasts for 3-5 years depending on type. Can be taken out earlier.
- Contraceptive injection (Depo-Provera or Sayana Press) – lasts for 13 weeks.

Other methods rely on you remembering to take or use them. They're all effective methods if used according to instructions. But you have to use and think about them regularly or each time you have sex. If they're not used according to instructions every time they're less effective.

- Combined pill
- Contraceptive patch
- Contraceptive vaginal ring
- Progestogen-only pill (POP)
- Condoms (external/male or internal/female)
- Diaphragm or cap with spermicide
- Natural family planning

If you had a miscarriage after 13 weeks of pregnancy, wait for 6 weeks before using a diaphragm or cap. If you previously used a diaphragm or cap, check with your doctor or contraception clinic to make sure it still fits.

Natural family planning can be more difficult to learn and use just after a miscarriage or treatment for an ectopic pregnancy. If you used this before, ask your teacher for advice.

Do some contraceptive methods increase the risk of ectopic pregnancy?

Using effective contraception means that you're at less risk of getting pregnant, so there's no need to avoid any particular method. Long-acting reversible contraceptives (LARC) such as the IUS, IUD or implant are the most effective methods (all over 99% effective) so if you're using one of these methods you are very unlikely to get pregnant.

If you think you might be pregnant or you have a sudden or unusual pain in your lower abdomen, seek medical advice as soon as possible.

Can I use emergency contraception after a miscarriage or ectopic pregnancy?

You can use an emergency pill or an emergency IUD from 5 days after treatment for a miscarriage or ectopic pregnancy as long as there were no complications. If you had complications ask a doctor or nurse for advice. You don't need to use emergency contraception earlier than 5 days after treatment.

Where else to get help

- Get information about contraception and sexual health at www.fpa.org.uk
- Get information for young people under 25 at www.brook.org.uk
- Find your closest contraception or sexual health clinic at www.fpa.org.uk/clinics
- Find a GP or pharmacy at www.nhs.uk (England), www.nhsdirect.wales.nhs.uk (Wales), www.nhsinform.scot (Scotland) and www.hscni.net (Northern Ireland).

Emergency contraception

If you've had sex without contraception, or think your method might have failed, there are different types of emergency contraception you can use.

- An IUD is the most effective option. It can be fitted up to 5 days after sex, or up to 5 days after the earliest time you could have released an egg (ovulation).
- An emergency contraceptive pill with ulipristal acetate can be taken up to 5 days (120 hours) after sex. Available with a prescription or to buy from a pharmacy. ellaOne is the only brand in the UK.
- An emergency contraceptive pill with levonorgestrel can be taken up to 3 days (72 hours) after sex. More effective the earlier it is taken after sex. Available with a prescription or to buy from a pharmacy. There are a number of different brands.

Emergency pills are available for free from some pharmacies. Age restrictions may apply.

Ask your doctor, nurse or pharmacist about getting emergency pills in advance.

Sexually transmitted infections

Most methods of contraception don't protect you from sexually transmitted infections (STIs). Male (external) and female (internal) condoms, when used correctly and consistently, can help protect against STIs. Avoid using spermicidally lubricated condoms. The spermicide commonly contains a chemical called Nonoxinol 9, which may increase the risk of HIV infection.

For more information about contraceptive choices visit www.fpa.org.uk/contraception

Information last updated April 2017. Next planned review by March 2020.

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