



Having a coil fitted at Caesarean birth

Information if you are considering having either a hormonal (Mirena) or copper coil fitted at your Caesarean birth.

What are the benefits of having a coil fitted at the time of my Caesarean birth?

After a Caesarean birth, we would recommend allowing an interval of at least 12-18 months before planning another pregnancy, to allow time for the healing process. It is possible to conceive again as soon as 21 days after your baby is born, and before your period returns. An intrauterine contraceptive device (IUCD), commonly known as a coil, provides reliable contraception straight away, and can be used for between 5 and 10 years, depending on the type of coil. You do not need to remember to take a tablet each day. Your fertility will return to its expected level within one menstrual cycle after the coil is removed.

What are the different types of coil?

The two main types of coil are the non-hormonal copper coil, and hormonal coils such as the Mirena. Both are highly effective forms of contraception with fewer than 1 in 1000 women becoming pregnant using either type of coil. Both types of coil are safe to use while breastfeeding.

With the copper coil you will continue to have periods and some women report that their periods become heavier. A copper coil is suitable for most women, including those who have medical conditions that mean they should avoid hormonal contraception. Copper coils last between 5 and 10 years, depending on the type. If you have a condition called Wilson's disease, a copper coil is not suitable for you. **If you wish to have a copper coil fitted, you will need to have one prescribed by your GP, collect it from your local pharmacy, and bring it with you on the day of your Caesarean birth. The hospital does not supply copper coils.**

There are several different hormonal coils but we recommend one called Mirena. It contains a hormone called levonorgestrel (a synthetic progesterone-like hormone), and a small amount is released each day. The Mirena coil can be used for up to 8 years for contraception (the license for Mirena was updated to 8 years in January 2024, it was previously licensed for 5 years).

Some women with Mirena continue to have regular periods, some have light but irregular bleeding, and some have no bleeding at all. Mirena is suitable for most women, including those who cannot use estrogen-containing contraceptives (such as the combined pill). Mirena coils can be supplied by the hospital, so you do not need to get it prescribed by your GP.

Are there any risks of having a coil fitted at the time of my Caesarean birth?

In addition to the risks of a Caesarean birth, which your doctor will discuss with you, the risks of coil insertion are:

- Expulsion (the coil falling out), 1 in 20 women. This is more likely when you have your coil fitted at the time of Caesarean birth, compared to having one fitted at another time.
- Difficulty visualising the coil threads, 1 in 2 women. We recommend that you have an examination by your GP or practice nurse 6 weeks after your baby is born to check if the coil threads are visible.
- Difficulty removing the coil – usually if coil threads cannot be seen.
- Infection inside the womb (endometritis), 1 in 100 women.
- Making a small hole in the womb during insertion (perforation), 1 in 1000 women.
- Ectopic pregnancy – although the risk of pregnancy with a coil in place is less than 1 in 1000 women, if a pregnancy does occur, it is more likely to be ectopic (outside the womb). The overall rate of ectopic pregnancies is lower in women using coils as contraception compared to women not using contraception.

What do I need to do after I have a coil inserted?

We recommend that your GP or practice nurse examines you (a speculum examination similar to a smear test) approximately 6 weeks after your baby is born. This can be done at the same time as your routine postnatal GP appointment. When a coil is inserted, the coil threads are left long, as your womb takes several weeks after birth to return to its pre-pregnancy size. If your coil threads are too long and are annoying you, they can be trimmed.

If the coil threads cannot be seen, then your GP or practice nurse will refer you for an ultrasound scan to check if the coil is still inside the womb. Until it is confirmed that the coil is correctly located, you will need to use alternative contraception. If the coil is correctly located, you can rely on it for contraception until it is due to be removed, or if you would like it removed to have another baby. When it is time for the coil to be removed, make an appointment with your GP or practice nurse. Most coils can still be removed easily as the threads are within the cervix. If the coil is difficult to remove, you may be referred to the hospital for removal.

After your Caesarean birth, you will be given a small reminder card that tells you what type of coil you have, when it was inserted, and when it needs to be removed.

Are there any reasons I might not be able to have a coil fitted at the time of my Caesarean birth?

Coil insertion at Caesarean is a suitable option for most women, but in the following circumstances it may not be possible:

- If there are concerns about infection inside the womb.
- If you have heavy bleeding at your Caesarean birth.
- If you have a heart-shaped womb (also called a bicornuate uterus).

If you go into labour before your planned Caesarean date, it may or may not be possible to fit the coil at an emergency Caesarean birth. Please speak to your medical team at the time. If it is not possible, we can advise on alternative postnatal contraception.

What are the alternatives to having a coil fitted at Caesarean?

If you do not wish to or are unable to have a coil fitted at the time of your Caesarean birth, you can have one fitted by your GP or family planning clinic once your baby is at least 4 weeks old. You can also consider alternative contraception, such as:

- The progesterone-only pill (mini-pill). This can be started immediately after birth and is safe when breastfeeding. We can prescribe this to take home from hospital, but you will need to get your prescription renewed by your GP.
- The implant. This is safe from immediately after birth and is safe when breastfeeding. You will need to contact your GP or family planning clinic to arrange this.
- The depot injection. This is safe from immediately after birth and is safe when breastfeeding. You will need to contact your GP or family planning clinic to arrange this.
- The combined contraceptive pill. Depending on whether or not you are breastfeeding, it is not safe to start this until your baby is at least 3-6 weeks old.
- Male or female sterilisation. Female sterilisation can be done at the time of Caesarean birth but requires individual funding approval, which is not guaranteed. If you are considering sterilisation, please speak to your doctor.
- Barrier contraception (condoms). This is less effective at preventing pregnancy than the methods above. If used correctly, condoms are 98% effective compared to the above methods that are 99% effective. If used incorrectly, condom effectiveness falls to 82%*.

Your GP or family planning clinic can advise you on which of the above methods are suitable for you. You can also visit www.contraceptionchoices.org for more information about different types of contraception.

Who do I contact if I need more information?

Please speak to your doctor or midwife if you have any further questions or would like any additional information about postnatal contraception.

References:

- FSRH Clinical Guideline: Intrauterine Contraception. Faculty of Sexual and Reproductive Healthcare, March 2023, amended July 2023
- FSRH CEU Statement: Extended use of all 52mg LNG-IUS for up to eight years for contraception. Faculty of Sexual and Reproductive Healthcare, May 2024
- [*https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/](https://www.nhs.uk/contraception/choosing-contraception/how-well-it-works-at-preventing-pregnancy/)

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Please ask if you need this information in another language or format.

Alice Buchan ST6 / Miss B Chohan, RBFT Consultant O&G, July 2024

Next review due: July 2026

Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read our maternity strategy here

