

## **The Return of Fertility After Childbirth**

Exclusive breastfeeding typically delays the onset of ovulation, thereby providing a delay in a woman's return of fertility. This is nature's way of allowing a year or so for the woman to regain her pre-pregnant nutritional status. So, another pregnancy occurring less than one year after childbirth has some increased risk. In fact, medically, pregnancies occurring two years apart have the lowest risk to mother and baby. Totally breastfeeding when there is a lack of menses for at least 10-12 months spaces pregnancies about two years apart, which again, is medically/biologically ideal. Factors that may signal or lead to the return to fertility are:

- Less frequent breastfeeding for any reason
- The baby is introduced to new foods
- The baby sleeps through the night
- Stress, anxiety, or illness in the mother
- Any bleeding, even through the first episode of bleeding is often ovulatory

In the case of a cesarean section, it is recommended to avoid a pregnancy for 18-24 months to allow for optimum healing and strength of the uterine scar. If there are other serious reasons making it important to space or avoid another pregnancy, close follow up with your NFP instructor is crucial until the cycle regularizes and if medical input is needed to aid in recognition of the fertile time, please let us know as there are often treatments or advice that may help.

Up to 40% of women will not experience vaginal bleeding before the first ovulation. The first few cycles after the first ovulation will vary in length and the pattern of cervical mucus will most likely be different than what was experienced before pregnancy and not as reliable. Variability of cycle lengths and cervical mucus will more pronounced in women who continue to breastfeed from time to time. Some women will experience continuous mucus and will need further help from their NFP instructor. The following are instructions for avoiding pregnancy in the first few cycles after fertility returns:

- Refer to your NFP instructor for a follow up visit.
- Before ovulation, consider any day of mucus as three days past as fertile.
- If using the Clearplan Monitor or LH testing: Intercourse may resume on the evening of the second day past the LH surge (i.e. Clearplan Monitor LF Peak Day).
- If using cervical mucus signs only: Continue to have intercourse at the end of the day on dry days only during the first cycle. In subsequent cycles, if the woman is confident that it is her peak day of cervical mucus, then intercourse may resume on the evening of the fourth day past peak and then anytime of the day after that.

Please keep in mind that it will take 2-3 cycles before the variability of cycle length and of mucus matter normalizes. If you are experiencing a continuous pattern of mucus and are confused with your fertility signs, then see your NFP instructor or contact:

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