

Returning to Fertility after Childbirth

If you are exclusively breastfeeding, meaning the baby only receives breast milk and occasional water, the return of menses and ovulation is on average 6 to 10 months. This is nature's way of delaying a return to fertility for a year or two allowing women to regain their prepregnant nutritional status. At least six months of breastfeeding is advised by the OB/GYN and governmental authorities as best for the baby and mother. By following these recommendations, a reduction of hospitalization rates are documented within the baby's first year and aids in reducing the mother's future risk of experiencing a heart attack or breast cancer, along with many other benefits. Conversely, a second pregnancy within a year after giving birth is associated with higher maternal and infant complications and mortality. In fact, pregnancies occurring two years apart have the lowest risk to mother and baby. So, if the baby is exclusively being breastfed and there is a lack of menses for 10 to 12 months, a natural space of pregnancies occurs around the recommended two years and is statistically ideal. The earliest ovulation that has been noted after giving birth is 56 days, but the average is four to six months and can be as long as twelve to twenty-four months. Some signs that may signal or lead to the return of fertility are:

- 1) Less frequent nursing for any reason
- 2) Baby begins solid food eating
- 3) Baby is sleeping longer at night - especially more than three to four hours
- 4) Mother experiencing stress, anxiety or illness
- 5) Experiencing bleeding after the initial delivery bleeding has stopped. The first bleeding episode often does not mean ovulation.

In the case of a Cesarean Section, it is recommended to avoid pregnancy for eighteen to twenty-four months to allow optimum healing and strengthening of the uterine scar. By doing so, the safety and possibility of a vaginal delivery increases in the next pregnancy. Close follow up with a Natural Family Planning (NFP) teacher is important until your cycle becomes regular - usually by the third period after delivery. If you would like medical assistance to aid in fertility phase recognition or to boost self-confidence, please contact us for additional information, advice, and possible treatment options.

Statistics show up to forty percent of women will not experience vaginal bleeding before the first ovulation, making it important to chart beforehand. The first several cycles may be more irregular than normal or vary in length and pattern of the cervical mucus. These variables may be more pronounced or longer in some women who continue to breastfeed, even if the baby is only night time feeding. Some women may experience continuous cervical mucus and need their NFP teacher's guidance to assist in identifying real fertility cycle days. Even if you have previous practice or used a type of NFP before, a consultation with an NFP teacher is suggested and charting should begin by four to five months postpartum. It is recommended and wise to follow up with your teacher when a change in reproductive status occurs such as pregnancy, breastfeeding, and weaning.