

MY POSTPARTUM BIRTH CONTROL PLAN

Complete this plan with your support team while discussing postpartum birth control options. Then, bring this plan to your next prenatal appointment to use as a guide to talk about your birth control preferences with your health care provider.

1. I want to use birth control after I give birth

Yes No Not Sure

2. I am planning to breastfeed

Yes No Not Sure

3. Things about birth control that matter to me (circle what matters to you)

How I use it / where on my body it goes	How often I use it	How easy it is to use	If it is easy to use it incorrectly	Needing a provider to start or stop using it
Having a device stay in my body	STI prevention	Efficacy (how well it prevents pregnancy)	Reversibility / return to fertility	If it has hormones
Affecting period or cramps	Affecting breastfeeding	Privacy	Partner involvement	Cost
Side effects	Risk of weight gain	Chance of making acne better or worse	Risk of mood changes	Effect on sexual desire

4. Things I want from my birth control _____

5. Things I do not want from my birth control or that worry me _____

6. I am interested in learning more about these birth control methods (can put down more than one)

To use immediately after giving birth: _____

To use 6 weeks after giving birth: _____

To use immediately (I am not pregnant): _____

7. Questions I have for my health care provider

-
-
-
-
-

8. Notes _____

(To complete with your health care provider) **My postpartum birth control plan is** _____

