Breastfeeding and Contraception What to Know

Gillian Mackay, MD, MBBS, BSC, FACOG¹ Samantha Brasses, BS, IBCLC, RLC² Share this:



Research data acquired from six up-to-date references on the effects of contraception methods and breastfeeding. Areas of interest are advantages, disadvantages, and effects on breastfeeding. There are no clear findings from these articles; the research studies have small parameters. However, they do provide needed education for our mothers in acquiring which contraception method fits their lifestyle and breastfeeding goal.

Keywords: depot medroxyprogesterone acetate, Implanon, Nexplanon, levonorgestrel

I'm Breastfeeding and Want Birth Control: Where Do I Start?

To help you decide which birth control method is right for you, ask yourself these questions:

- Do I want more children in the future?
- What is my breastfeeding goal?
- Can I remember to take a pill each day or return to the clinic to get birth control?
- What will my insurance company cover?

Your doctor can help you answer these questions and help you to reach your breastfeeding goals while also helping you choose a useful birth control method. In the table in the following text, many types of birth control are listed with how to use and any known effects on breastfeeding (Table 1).

What Is Lactational Amenorrhea Method?

Breastfeeding itself has some birth control effects and can be used as a fairly good birth control method but only if you can answer YES to all three of these questions:

1. Are you right now not having your period (since the birth of the baby)?

- 2. Are you fully directly breastfeeding? (Baby should not be getting any other foods or fluids.)
- 3. Is your baby less than 6 months old?

If you are able to answer YES to all of these questions, lactational amenorrhea method (LAM) might be a choice for you. However, if you must answer NO to any of the three questions, then your chance of getting pregnant will be higher, and you should choose a more helpful form of birth control (Berens & Labbok, 2015; Kapp et al., 2010; Rodriguez & Kaunitz, 2009).

References

Berens, P., & Labbok, M. (2015). ABM Clinical Protocol #13: Contraception during breastfeeding, revised 2015. Breastfeeding Medicine, 10(1), 3–12. http://dx.doi.org/10.1089/bfm.2015.9999

Kapp, N., Curtis, K., & Nanda, K. (2010). Progestogen-only contraceptive use among breastfeeding women: A systematic review. Contraception, 82(1), 17–37. http://dx.doi.org/10.1016/j.contraception.2010.02.002

Rodriguez, M. I., & Kaunitz, A. M. (2009). An evidence-based approach to postpartum use of depot medroxyprogesterone acetate in breastfeeding women. *Contraception*, 80(1), 4–6. http://dx.doi.org/10.1016/j.contraception.2008.12.014

^{1.} gillian-mackay@ouhsc.edu

^{2.} samantha.brasses@hcahealthcare.com

Table 1. Birth Control Types and Impact on Breastfeeding	
Birth Control Method	Impact on Breastfeeding
Intrauterine Device (IUD)	1. No known effect on breastfeeding.
Works very well, no need to remember to take a pill, fully reversible.	2. Not enough info to be found to see if there is an effect on breastfeeding when placed right after
Placed inside uterus.	birth. No effects if placed 6 weeks after delivery.
 Copper IUD (Lasts 10 years) IUD with Levonorgesterol (e.g. Mirena) (last 3-5 years) 	MIRENA Photo courtesy of OU Physicians
Progestin-Only Birth Control	For all three methods: Not enough info to be found to
1. Mini-pill (must take at the same time every day)	see if there is an effect on breastfeeding when given or placed right after birth. No effects if started 6 weeks after giving birth.
2. DMPA Shot (every three months) (e.g. Depo)	
3. Implants (placed under skin, lasts 3 years) (e.g. Implanon, Nexplanon)	(etonogestrel implant) 68 mg Radiopaque Subdernal Use Only This product is intended to prevent programs, it does not protect against HIV infection (AIDS) and other sexually transmitted diseases. NEXPLANON Photo courtesy of OU Physicians
Birth Control with Estrogen	May decrease milk supply. Not advised.
1. Pills (must take daily)	
2. Vaginal Ring (must place in vagina monthly)	
3. Patch (must place on skin weekly)	
Barrier Methods	None of these methods have any effect on breastfeeding.
Must be used right with each sexual contact to be useful.	
1. Diaphragm	
2. Male Condom	
3. Female Condom	
4. Spermicides	



Obstetrician-Gynecologist Gillian Mackay, MD, has established her practice with OU Physicians. She has also been named an associate professor with the University of Oklahoma College of Medicine.

Mackay is board certified in obstetrics-gynecology. She has a specific interest in adolescent gynecology, gynecologic surgery, and high-risk obstetrics. She comes to OU Physicians from Olive View–UCLA Medical Center, Sylmar, California, where she was an assistant professor at the David Geffen School of Medicine. Prior to that, she was on the staff at

Massachusetts General Hospital and a clinical instructor at Harvard Medical School.

Mackay completed an obstetrics-gynecology residency at Tufts-New England Medical Center, Boston. She earned her medical degree at Royal Free and University College Medical School, London. She also completed a graduate sabbatical at the Institute of Medical Humanities, University of Texas Medical Branch, Galveston.

Mackay is a fellow of the American College of Obstetrics and Gynecology.



Samantha Brasses, BS, IBCLC, RLC, graduated from the University of Central Oklahoma with a bachelor's degree in Marriage and Family Life Education; in that time, she obtained two minors in sociology and human environmental sciences. She was the second student to graduate the International Board Certified Lactation Examiner-accredited Pathway 3 Clinical program at OU Medical Center for lactation consultants and passed the IBCLC boards in July 2013. She is the past treasurer of the Coalition of Oklahoma Breastfeeding Advocates.

Breastfeeding Toolkit, From ACOG

The American College of Obstetricians and Gynecologists has released a breastfeeding toolkit: http://www.acog.org/breastfeedingtoolkit. The materials are designed to help OB/GYNs and other women's health care providers enable women to achieve their infant feeding goals. The toolkit aims to increase breastfeeding rates by enhancing provider and patient knowledge on the benefits of breastfeeding, common questions, and where women can go to get additional support.

Source: USBC