



CONTRACEPTION DURING LACTATION

SUMMARY 1¹

Alberta Medical Association
Committee on Reproductive Care

NOTES:

1. The classification system used in the recommendations reflects the standard used by the World Health Organization.
2. Expert opinion suggests a link between combined oral and progesterone-only contraceptives and a decrease in milk supply, and suggests that the clinician should monitor breastfeeding mothers and their infants after starting oral contraceptives to ensure: the baby's behavior remains unchanged, the baby examines well, the baby maintains weight gain that is appropriate for its age and the mother is aware if her milk supply decreases.

Contraceptive Method	Comments	Recommendations	Recommendations	Recommendations
		Breastfeeding less than 6 weeks	Breastfeeding 6 weeks – 6 months	Breastfeeding greater than 6 months

HORMONAL METHODS

Combined oral contraceptives (COC)	<ul style="list-style-type: none"> > COCs should be the last choice for breastfeeding women. > Even low-dose estrogen can lead to a decrease in milk production. > COCs may be given to women who were pre-eclamptic or had hypertension during pregnancy as long as BP is in normal range when initiating COCs. > No increased risk of blood clotting beyond the third week postpartum. 	Method NOT to be used.	Method NOT to be usually recommended unless others are not available or not acceptable.	Generally use this method. ²
Progesterone-only oral contraceptive (POC)	<ul style="list-style-type: none"> > Irregular bleeding may occur with POC use, even in lactating women. > Delay POC initiation for 6 weeks postpartum as a precaution against theoretical concerns of exposure of the infant to synthetic hormone. 	Method NOT usually recommended unless others are not available or not acceptable.	Use in any circumstances. ²	Use in any circumstances. ²
Emergency contraceptive pill (ECP)	<ul style="list-style-type: none"> > ECPs are approximately 75% effective. 	Use in any circumstances.	Use in any circumstances.	Use in any circumstances.
Injectable progestin	<ul style="list-style-type: none"> > Delaying initiation for 6 weeks postpartum avoids exposing the newborn to the theoretical risk of exogenous steroids during the time of the greatest neuroendocrine development. > Good quality evidence is not available. 	Method NOT usually recommended unless others are not available or not acceptable.	Use in any circumstances. ²	Use in any circumstances. ²

BARRIER

Diaphragm/cervical cap	<ul style="list-style-type: none"> > Unsuitable until uterine involution is complete (4–6 weeks). > Fit of previously used device should be checked prior to use postpartum. 	Method NOT usually recommended unless others are not available or not acceptable.	Use in any circumstances.	Use in any circumstances.
Spermicides	<ul style="list-style-type: none"> > Spermicides can be used any time postpartum. 	Use in any circumstances.	Use in any circumstances.	Use in any circumstances.
Condoms	<ul style="list-style-type: none"> > Condoms can be used any time postpartum. 	Use in any circumstances.	Use in any circumstances.	Use in any circumstances.

INTRAUTERINE DEVICES

Copper bearing	<ul style="list-style-type: none"> > An increased risk of expulsion if IUD insertion done within first 48 hours postpartum. 	Generally use this method.	Generally use this method.	Generally use this method.
Levonorgestrel-releasing IUD	<ul style="list-style-type: none"> > An increased risk of expulsion if IUD insertion done within first 48 hours postpartum. > Delay initiation for 6 weeks postpartum as a precaution against theoretical concerns of exposure of the infant to synthetic hormone. 	Method NOT usually recommended unless others are not available or not acceptable.	Generally use this method.	Generally use this method.

PHYSIOLOGIC

Lactational amenorrhea method (LAM)	<ul style="list-style-type: none"> > The risk of pregnancy is less than 2% when used by amenorrheic women who are fully or nearly fully breastfeeding within the first 6 months postpartum.² 	Use in any circumstances.	Generally use this method.	Method NOT usually recommended.
Fertility awareness based (FAB)	<ul style="list-style-type: none"> > Women primarily breastfeeding and amenorrheic unlikely to have sufficient ovarian function to produce detectable fertility signs and hormonal changes during the first 6 months postpartum. However, the likelihood of fertility resumption increases with time postpartum and with substitution of breast milk by other foods. > When the woman notices fertility signs (particularly cervical secretions) she can use a symptoms-based method. After 3 postpartum menses, use a calendar-based method. Prior to that, offer a barrier method if she plans to use an FAB method later. > FAB methods during breastfeeding may be less reliable than when not breastfeeding. 	Use of this method should be delayed.	This method should be used with caution.	Use in any circumstances.

FEMALE SURGICAL STERILIZATION

	<ul style="list-style-type: none"> > No impact on lactation if local anaesthesia used and mother and infant separation is minimized. > No medical reason to deny sterilization to a breastfeeding woman. 			
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