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Which Contraception Methods to Recommend for Breastfeeding Women ?

After a confusing 9 months of pregnancy, when a woman is trying to determine what medications she can and cannot use, the confusion continues if she decides to breastfeed. One area that seems particularly complex for newly breastfeeding moms is whether they need to use any form of contraception and if so, what their options are. Almost 12, 000 women in Saskatchewan gave birth in 2005.[1] Of those women, it is estimated that 87% initiated breastfeeding, with 47% continuing for at least 6 months.[2] If not exclusively breastfeeding, over half of breastfeeding mothers will ovulate by 6 weeks postpartum,[3] and this is not always accompanied by menstruation.[3-6] They have likely resumed sexual activity but may be unaware of the risk of becoming pregnant again.[3-5] The importance of proper contraception methods in this population is obvious, as it could reduce the number of unplanned pregnancies. As well, women with an interpregnancy interval (period between delivery of the previous infant and conception of the current pregnancy) of 6 months or less have an increased risk of delivering an infant preterm, with low birth weight and/or small for gestational age.[3,7] These are associated with their own set of risks.[3] Virtually all options are still available to breastfeeding women, so patient preference remains important, however compliance and when to implement will play a large role in successful contraception.

Barrier Methods

Barrier methods are the preferred method of contraception in nursing mothers because they lack any hormonal component and present no risk to the infant.[3,5,8] Male condoms are 85-98% effective with typical use,[8] female condoms are slightly less effective at 79-95%[8] and both can be used as soon as sexual activity is resumed. A diaphragm used with spermicidal cream or jelly is 84-95% effective[8] and cervical caps are 80-90% effective.[8] Keep in mind that diaphragms and cervical caps need to be fitted by a physician and this can not be done properly until 6 weeks postpartum.[3,5]

Breastfeeding (Lactational Amenorrhea)

If breastfeeding is the desired form of contraception it should begin immediately following delivery. This method often fails, as women do not fully understand what is required for effective contraception. Breastfeeding can be up to 98% effective[3,5,6] provided that ALL of the following conditions are met: the infant is less than 6 months old,[3,5,6,8] is exclusively breastfed day AND night,[3,5,6,8] is not given a bottle or a soother,[3,8] and the mother has not resumed menstruation.[3,5,6,8] Only 17% of women in Saskatchewan who initiated breastfeeding continued exclusively for 6 months,[2] so breastfeeding alone may only be an option for a small number of women.

Progestin Only Pill (POP)

POPs are the first choice for hormonal contraception during breastfeeding[5,6,9] as they do not affect the quantity or quality of milk production,[3,5,6,9] do not increase the risk of thrombosis,[5,6] and are associated with little risk of harm to the infant.[5,6] It can be started immediately after delivery,[3,10] but some sources recommend waiting until 3-6 weeks postpartum as there is conflicting evidence that it may impair the initiation of lactation.[5,6] When used alone, POPs are 96%+ effective with typical use,[6,11] but when used in addition to breastfeeding, the combination is essentially 100% effective.[3,6]

Depot-Medroxyprogesterone Acetate (DMPA)

DMPA is 98%+ effective with typical use,[6,8,11] does not affect the quantity or quality of milk production[3,6,10] and presents little risk of harm to the infant.[3,10] The first injection should not be given until 3-6 weeks postpartum,[3,5,6,8] as giving earlier than 3 weeks could lead to increased bleeding problems following delivery.[6]

Intrauterine Devices (IUD)

It is considered safe to use either the copper or the levonorgestrel IUDs in breastfeeding women.[3,5,6] Ideally, insertion would take place 4 to 6 weeks after a vaginal birth or a Caesarean section,[3,5,6,10] but is sometimes done earlier. Earlier insertion increases the risk of uterine perforation[6,10] and leads to higher expulsion rates.[3,6,10] IUDs are 98%+ effective with proper insertion.[6,8]

Natural Family Planning (Fertility Awareness) Method

Natural family planning can be 75-98% effective depending on the exact method used.[8] Estrogenic changes following delivery could lead to a woman falsely thinking she is ovulating.[6] This method will still likely be effective following delivery, but it may result in unnecessarily abstaining for long periods of time.[6] Natural family planning will be most effective once regular menstruation returns.[3,6,8]

Combined Oral Contraceptives (COC), Transdermal Patches and Vaginal Rings

Any formulations containing estrogen are not commonly recommended for use during lactation.[4,6] However, if this is the desired method of birth control, treatment can be initiated at earliest at 6 weeks postpartum,[3,8-11] though some sources suggest waiting until at least 6 months.[5] These options should be considered only if breastfeeding is well established and there is no concern with milk supply.[5,8,10] Some disadvantages of estrogen containing products include decreasing milk volume and adversely affecting milk quality,[3-6,8,9] increasing the risk of venous thromboembolism in the mother following delivery,[3-6] and shortening the duration that a woman exclusively breastfeeds.[3,4] COCs, transdermal estrogen patches and the vaginal ring are 92%+ effective with typical use.[8,11]

Emergency Contraception

When a woman's primary method of birth control fails, it is considered safe to recommend emergency contraception in breastfeeding women.[6,8] The single dose of hormone will not likely affect the infant or the mother's ability to breastfeed.[6,8] If the mother is worried about hormones entering her breast milk, advise her to express and discard the milk for the next 24 hours and to bottle feed the infant during this time.[6]

Pharmacist's Role

- Discuss above options with your patient during her third trimester stressing that the method chosen should give effective contraception, and at the same time provide no harm to the infant.[12]
- Discuss when fertility can reoccur and that certain things like supplementing breastfeeding, the return of menstruation, and reaching 6 months postpartum are all associated with an increase in fertility.[12]
- Suggest scheduling her first checkup at 3 weeks postpartum, instead of the standard 6 weeks, to help ensure that contraception is initiated before fertility returns.[3]
- Discuss back-up methods. If breastfeeding is chosen as the only method, there needs to be a back-up plan in place for when she is no longer exclusively nursing or menstruation returns.[3,12] If a method is chosen that won't be implemented until 6 weeks postpartum or later, the mother should be advised to use an alternative method of contraception in the mean time.
- Encourage breastfeeding,[3] emphasizing its benefits for both mother and child.

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References posted on SDIS website www.druginfo.usask.ca or available on request

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