

# SAFE AND EFFECTIVE METHODS OF CONTRACEPTION WHILE LACTATING

## WHAT ARE SAFE AND EFFECTIVE METHODS OF BIRTH CONTROL WHILE LACTATING?

### LACTATIONAL AMENORRHA METHOD (LAM)

LAM can be more than 98 per cent effective in preventing pregnancy if the following criteria is met:

- Your baby is under six months old
- Your menstrual periods have not returned
- Your baby is fully or nearly fully breastfed/chestfed\* and receives no more than one or two mouthfuls of other liquids or fluids a day
- Feeding gaps do not exceed four hours between feedings during the day and no longer than six hours at night
- You use direct breastfeeding/chest feeding and no use of bottles or pacifiers as these contribute to less frequent feedings

*Pumping and feeding your baby expressed breastmilk is not the same as breastfeeding/chestfeeding and will not protect you from an unplanned pregnancy.*

### NON-HORMONAL BIRTH CONTROL

You can safely use non-hormonal birth control while breastfeeding.

Non-hormonal intrauterine devices (IUDs) use copper and are one of the most effective birth control methods. They can be removed at any time and last for up to 10 years. A copper IUD may be inserted immediately postpartum. Other non-hormonal birth control options are external condoms, internal condoms, diaphragms, and cervical caps.

If you used a diaphragm or cervical cap in the past, wait until your first postpartum checkup to begin using that method again. Most doctors recommend you don't put anything in your vagina until the first checkup.

A diaphragm and a cervical cap both work with spermicide and cover your cervix to prevent pregnancy; however, cervical caps are smaller and shaped differently than diaphragms. Diaphragms are shaped like a bowl, and cervical caps look like a sailor's hat. After giving birth you may need a new size.

You can leave the cervical cap in for up to two days, but the diaphragm shouldn't be in your vagina longer than 24 hours. Talk with your doctor to decide which one is better for you.

You can also get your tubes tied (sterilization) after giving birth, but this method is permanent; it's only for people who are certain they don't want any more children.

### HORMONAL BIRTH CONTROL

Most forms of hormonal birth control can decrease milk production particularly in the early post-partum period. Hormonal contraception should be avoided while breastfeeding/chestfeeding, especially under the following circumstances:

- History of lactation difficulties or current low milk supply
- History of breast/chest surgery
- Currently have a twins or multiples
- Health difficulties for client or baby

*Always consult with your health care provider before starting any medication, including hormonal contraception if you are breastfeeding.*

**Hormonal IUD (Intrauterine system or IUS)** - If inserted prior to the establishment of milk production the IUS is associated with the risk of lower breastfeeding rates.

**Contraceptive Implant** - To date there is no evidence to show that immediate postpartum insertion of contraceptive implants (Nexplanon) has any effect on lactation, however, milk production occurs due to the natural drop in progesterone in the first few days postpartum. Theoretically it would be best to be inserted once milk production has been established.

**Contraceptive Injection** - Depo-Provera (Depo) is a contraceptive injection containing the hormone progestin. Depo is designed to release this hormone over longer periods. because the injection lasts 12 weeks, the effect on milk production is harder to reverse. You might want to try use of a progestin only pill first to see the effects on milk production before considering this long release option.

**Progestin only birth control pills (the Mini-pill)** – Unlike combination birth control pills, the minipill, also known as the progestin-only pill, doesn't contain estrogen. The progestin dose in the mini pill is lower than the progestin dose in a combination birth control pill. While many clients do not experience any reduction in milk production while on this method, it is important to delay use until after 6-8 weeks postpartum and after milk production is fully established.

#### THE MOST HIGHLY RECOMMENDED BIRTH CONTROL METHODS ARE

An implant or an IUD/IUS are the most highly recommended forms of birth control. They are Long-acting and reversible methods. Implants and IUDs/IUSs are effective and prevent pregnancy for several years.

#### DURING THE FIRST SIX TO EIGHT WEEKS FOLLOWING BIRTH

For the first six to eight weeks after giving birth, DO NOT use a birth control method that contains the hormone estrogen, like the pill, patch, or ring. After six to eight weeks postpartum AND your if milk production is fully established, you can speak to your health care provider to determine if you should start on any of these methods.

**Birth control methods do not protect you from STI's. Always use a condom from beginning to end of all sexual contact to reduce your risk.**

**Disclaimer** \*The terms breast milk/breastfed/breastfeeding are widely used, but human milk/chestfed/chestfeeding can be used interchangeably. The terms are meant to be inclusive of all parents, caregivers, and significant others.

#### ADDITIONAL RESOURCES

- Dr Dervaitis' IUD information on her YouTube channel 'Talking IUC with Dr D'
- Intrauterine contraception [sexandu.ca](http://sexandu.ca)
- York Region Public Health Sexual Health Clinics **1-800-361-5653, # 1**
- Society of Obstetricians and Gynecologists of Canada [itsaplan.ca](http://itsaplan.ca)