

## Postpartum Contraception

### Summary:

- Patients should have the opportunity to begin any non-hormonal or progestin-only method prior to leaving the hospital, and regardless of breastfeeding status. (ACOG ref 8).
- Patients without additional risk factors for VTE or other medical contraindications are candidates for combination estrogen/progestin methods after 30 days. Combination methods may be considered between 21 to 30 days, with appropriate risk-benefit counseling. (8)
- Contraceptive plans should be discussed prenatally and documented in both the prenatal problem list and postpartum progress notes. (4,13)
- Postpartum contraception recommendations should be made only after discussion with the ordering physician. If lactation concerns persist after contraception method is selected – educate in methods to increase milk supply and refer to lactation specialist for outpatient follow-up.
- **Access expert guidelines at CDC MEC app for more details, and for patients with additional VTE risk factors or other high risk medical conditions:**  
<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

### Specific recommendations for breastfeeding women (1):

#### **SEE CATEGORY KEY BELOW**

Medically appropriate options, for women without other risk factors for VTE or high risk medical conditions, based on: CDC U.S. Medical Eligibility Criteria for Contraceptive Use in Breastfeeding Women, 2016.<sup>1</sup>

#### <21 days postpartum options:

Implant, Depo Provera, and Progestin Only Pill	category 2
Combined Hormonal Contraception	category 4

#### 21-30 days postpartum options:

Implant, Depo Provera, and Progestin Only Pill	category 2
Combined Hormonal Contraception	category 3

>30 days postpartum:

Implant, Depo Provera, and Progestin Only Pill	category 1
Combined Hormonal Contraception	category 2

Immediate post placental IUD:

Copper (Paragard)	category 1
Levonorgestrel (Mirena)	category 2

**CATEGORY KEY:**

Category 1: No restriction

Category 2: Advantages of using the method generally outweigh the theoretical or proven risks

Category 3: Theoretical or proven risks usually outweigh the advantages of using the method

Category 4: An unacceptable health risk, due to the risk of thromboembolism

Other options include (see CDC MEC):

- Lactation amenorrhea (LAM)
- Condoms
- Diaphragm

Counseling information:

Contraceptive decision by a patient should be autonomous and informed, addressing benefits of contraception and effect on lactation (below) (10,13).

Effect of contraception on lactation:

- Progestin only methods:  
Studies suggest NO effect on successful breastfeeding or on infant growth and development even when started immediately after birth. (8)
- Combined hormonal:  
Studies on breastfeeding outcome and infant growth and development limited. After 30 days, benefit of contraception likely outweigh theoretical effects on milk supply. (8)

Risks of unintended pregnancy and short inter-pregnancy interval:

- Ovulation risk as early as 3 weeks postpartum. High (40%) “no show” rate for postpartum visits (4,3,12),
- Pregnancy risk is decreased for only six months in exclusively breastfeeding women – education required on effect of supplements, schedule, pumping, sleep training, on pregnancy prevention.
- Potential for higher rates of medical, social and economic complications and challenges. With short inter-pregnancy interval, risks may include decreased milk production, poor nutritional status, preterm birth, small for gestational age and low birth weight (6,15).
- Spacing 18 mos. to 5 years may be ideal for outcomes.(15).

### Resources:

Link to CDC MEC website and the 2016 US MEC and US SPR app., available for iOS and Android operating systems: <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>

Attached are two patient handouts:

1. What You Need to Know About Birth Control Options while Breastfeeding
2. What You Need to Know About Depo-Provera and Breastfeeding

### References:

1. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016. US Department of Health and Human Services/Centers for Disease Control and Prevention, July 29, 2016 / Vol. 65 / No. 3
3. The postpartum visit: it's time for a change in order to optimally initiate contraception. Contraception. Leon Speroff a, Daniel R. Mishell Jr. b, Received 22 February 2008; accepted 27 February 2008
4. ACOG Committee Opinion # 736, Optimizing Postpartum Care, May 2018.
5. Optimizing maternal and neonatal outcomes with postpartum contraception: impact on breastfeeding and birth spacing. Sridhar A, Salcedo J Maternal Health, Neonatology and Perinatology (2017) 3:1
6. Birth Spacing and Risk of Adverse Perinatal Outcomes: A Meta Analysis; Conde-Aguedelo CM, Rosas-Bermudez A, Kafury-Goeta A, JAMA 4/19/2006 vol. 295 No 15
7. Lopez LM, Grey TW, Stuebe AM, Chen M, Truitt ST, Gallo MF. Combined hormonal versus nonhormonal versus progestin-only contraception in lactation. Cochrane Database of Systematic Reviews 2015, Issue 3. Art. No.: CD003988. DOI 10.1002/14651858.CD003988.pub2.
8. ACOG Practice Bulletin #206: Use of Hormonal Contraception in Women with Coexisting Medical Conditions, February 2019
9. Postpartum Contraception: An exploratory Study of lactation consultants' knowledge and practices Contraception. 2016 July; 94 (1) 87-92
10. ACOG Committee Opinion #756, Optimizing Support for Breastfeeding as Part of Obstetric Practice, October 2018.
11. ACOG Committee Opinion #570, Breastfeeding in Underserved Women: Increasing Initiation and Continuation of Breastfeeding, Reaffirmed 2018.
12. ACOG Committee Opinion #670, Immediate Postpartum Long-Acting Reversible Contraception, Reaffirmed 2018.
13. ACOG Practice Bulletin #186, Long-Acting Reversible Contraception: Implants and Intrauterine Devices, November 2017.
14. ABM Clinical Protocol #13: Contraception During Breastfeeding, 2015.
15. Obstetric Care Consensus No.8. Interpregnancy Care. January 2019 133(1):e51-e72.

# Family Birth Center at Maine Medical Center

## What You Need to Know About Birth Control Options while Breastfeeding

It is important to think about how you will prevent pregnancy after having a baby. This handout will tell you more about the birth control options that are safe for you to use while you are breastfeeding. It is suggested that you do not use birth control that has estrogen in it during the first 6 weeks after your baby is born. This is because estrogen might reduce your breast milk supply.

These birth control options are at least 99% effective at preventing pregnancy when used correctly. This means that 1 out of 100 women who use one of these birth control options may still become pregnant:

### Intrauterine contraception or IUD

- An IUD is a device that is placed inside your uterus. This can happen either in the delivery room right after you have your baby, or at your 6 week follow-up visit.
- There are two main types of IUD:
  - Paragard® is an IUD made out of copper. Once in place, it works for up to 10 years.
  - Mirena® is an IUD containing a drug called progestin. Once in place, it works for up to 5 years.
- You will need to have the IUD replaced, depending on how long it works
- It is very rare for an IUD to fall out of the uterus. It is more likely to fall out if placed in the delivery room. It is less likely to fall out if placed at least 6 weeks after you have your baby.

### Birth control implant

- Nexplanon® is a birth control implant that contain progestin and does not contain estrogen.
- It is placed under the skin in the arm
- It may cause periods to be very irregular. This means it may be hard to know what days you will bleed.

### Tubal ligation

- Tubal ligation is a surgery that may also be called “having your tubes tied”.
- It is permanent. This means you will not be able to get pregnant again.

These birth control options are 91–99% effective at preventing pregnancy when used correctly. This means that up to 9 out of 100 women who use one of them may still become pregnant:

### Progestin-only oral contraceptives

- There are oral contraceptives (birth control pills) that contain only progestin and no estrogen.
- They may cause periods to be irregular. This means it may be hard to know what days you will bleed.
- They work best if taken at the same time every day.

### Birth control shot

- Birth control shot or Depo Provera® contains progestin. You must get a new shot every 12 weeks.
- It may cause periods to be irregular. This means it may be hard to know what days you will bleed.
- It may also cause weight gain.
- It may take longer for you to get pregnant after using the birth control shot compared to other forms of birth control.

## Lactational Amenorrhea

- Lactational amenorrhea or LAM is natural birth control. There is no pill, shot, or other medicine to take.
- It works well in the first 6 months after the birth of your baby if you:
  - Are breastfeeding at least every 3 to 4 hours.
  - Are not giving your baby any bottles of breast milk or formula or food.
  - Have no vaginal bleeding.

These birth control options are 81-90% effective at preventing pregnancy when used correctly. This means that up to 19 out of 100 women who use one of them may still become pregnant:

## Male or Female Condoms

- Condoms are a barrier method of preventing pregnancy. This means they block the semen that contains sperm from entering the vagina.
- They also protect against some sexually transmitted diseases.
- Condoms may tear or break and semen may get into the vagina.
- Most condoms are made of latex or plastic. If you or your partner is allergic to latex, you should only use latex free condoms.

## Diaphragm with spermicide

- A diaphragm is another barrier method. It is a silicone or latex device that is placed inside the vagina against your cervix and keeps sperm from reaching the egg.
- It should always be used with spermicide. Spermicide is a chemical that destroys sperm.
- You will need to be refitted after having a baby and at least every 2 years after.
- They may increase your risk of a bladder infection

Please note that this is a brief handout about birth control methods. Please talk to your doctor or nurse if you have other questions.

### Other Resources:

Bedsider: [www.bedsider.org](http://www.bedsider.org)

Association of Reproductive Health Professionals-Method Match:  
[www.arhp.org/methodmatch/](http://www.arhp.org/methodmatch/)



*centered around you*

### **What is Depo-Provera?**

- Depo-Provera is the brand name of a drug called medroxyprogesterone acetate. It contains progestin which is similar to progesterone. Progesterone is a hormone made by your ovaries.
- It is given as a shot and prevents pregnancy by stopping the release of an egg from the ovary.
- You need a new shot every 12 weeks.

### **Does it work?**

- Yes. It is 99 % effective at preventing pregnancy, when used correctly. This means that 1 woman out of 100 who use it will still become pregnant.
- It does not protect against HIV infection or any other sexually transmitted infections.

### **Is it permanent?**

- No. Depo-Provera only works for 12 weeks. Then you will need to get a new shot.
- You will start ovulating again, or releasing eggs from your ovaries, a short time after stopping Depo-Provera. Sometimes it can take up to 10 months to get pregnant after stopping.

### **Are there benefits besides preventing pregnancy?**

- Yes. It contains no estrogen, so it may be used in women who have migraines or history of deep vein thrombosis (DVT) or clotting disorders.
- Reduces sickling crises in women with sickle cell disease.
- Helps periods to be less heavy and less painful.
- Reduces the risk of uterine cancer.

### **Are there side effects?**

- Yes. Using Depo-Provera can cause you to lose some of the calcium that is stored in your bones. The longer you use it, the more calcium your bones may lose. This does not mean that your bones will break more easily. Your bone calcium will increase after stopping Depo-Provera.
- Most women have some changes in their periods while using Depo-Provera such as:

- Irregular bleeding or spotting. This means it may be hard to know what days you will bleed or not.
- An increase or decrease in menstrual bleeding.
- No bleeding at all. After 1 year of use, up to 75% of women stop getting their periods.
- Weight gain of less than 10 pounds.
- Headaches.
- Mood changes.

### **Can I use it if I am breastfeeding?**

- Yes. Most women are able to use Depo-Provera without it affecting their milk supply.
- If you are worried about your milk supply, consider waiting to get Depo-Provera until breastfeeding is established.
- If you do choose to wait, you should schedule a visit with your doctor to have it given 3 weeks after your baby is born. You can get pregnant as early as 25 days after your baby is born.

### **Who should not use Depo-Provera?**

- You should not use Depo-Provera if you:
  - Have vaginal bleeding without a known reason
  - Have cancer of the breast or reproductive organs
  - Are pregnant or could be pregnant
  - Are allergic to the drug in Depo-Provera

### **Other Resources:**

Besider - [www.besider.org](http://www.besider.org)

Association of Reproductive Health Professionals-Method Match- [www.arhp.org/methodmatch/](http://www.arhp.org/methodmatch/)