

GYNAECOLOGY & OBSTETRICS UPDATE

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Reference
Journal of Family
Planning and
Reproductive
Health Care
2004; 30(3): 181

**Merry
Christmas
and
Happy
2006**

Contraception during Breastfeeding

Breastfeeding delays the return of ovulation, therefore all contraceptive methods have low failure rates when used consistently and correctly. Awaiting the onset of menstruation before starting contraception is not advised, as it increases the risk of unintended pregnancy

Lactational amenorrhoea method: is over 98% effective in preventing pregnancy during the first 6 months after delivery if full breastfeeding started immediately and maintained. The risk of pregnancy is increased if breastfeeding decreases (particularly stopping night feeds), when menstruation recurs, or when more than 6 months postpartum

Hormonal contraception The hormone levels in breast milk is comparable to those during ovulatory cycle. Hormonal contraception has no adverse effect on infant growth

Combined oral contraception (COC) in the first 6 weeks postpartum may have an adverse effect on breast milk volume and therefore COC should be avoided in the first 6 weeks postpartum. Using COC while breastfeeding is outside product licence

If breastfeeding is established, a woman who is more than 6 weeks postpartum may start COC at any time with additional contraceptive protection for 7 days if it is reasonably certain she is not pregnant. After 6 weeks postpartum and if menstrual cycles are regular COC can be used as for non-breastfeeding women

Progestogen-only contraception (POC) does not appear to have an adverse effect on breast milk volume in the first 6 weeks postpartum therefore can be used if other contraceptive methods are unacceptable. It provides over 99% efficacy. Problematic bleeding associated with POC appears to be more acceptable than that experienced by women who are not breastfeeding

Progestogen-only pills (POP) can be used up to day 21 postpartum without the need for additional contraceptive protection. After day 21 postpartum if it is reasonably certain she is not pregnant, additional contraceptive protection is required for 2 days. The use of POP before 6 weeks postpartum is outside the product licence for some pills

Progestogen-only injectable before 6 weeks postpartum is not usually recommended due to troublesome bleeding and its use is outside the product licence. The injection is not required until day 21 postpartum, but if the risk of immediate subsequent pregnancy is high it may be given before this time

Progestogen-only implants can be used before day 28 without additional contraceptive protection. Before day 21 postpartum is outside the product licence

Levonorgestrel-releasing intrauterine system can be used from 4 weeks postpartum

Intrauterine device unless it can be inserted within the first 48 hours postpartum, insertion should be delayed until 4 weeks postpartum

Barrier methods (diaphragms and cervical caps), and spermicides should be delayed until uterine involution is complete (from 6 weeks postpartum)

Emergency contraception (EC) unprotected sexual intercourse or contraceptive failure before day 21 postpartum is not an indication for EC. Once hormonal contraception has been initiated, potential contraceptive failures should be managed in the same way as for women not breastfeeding. Coils can be used as EC from 4 weeks postpartum