Birth Control During Lactation

There are many factors that can affect your choice of birth control, including the effect on lactation. Knowing how each method can affect milk production is an important part of choosing a contraception method while lactating. In general, hormones used for birth control are safe in terms of infant exposure via breastmilk.

Lactational Amenorrhea Method

Breastfeeding leads to a natural pause in fertility and menses, decreasing the likelihood of pregnancy in the first 6 months or until the first postpartum menses occurs. Exclusive breastfeeding is a natural form of birth control called The Lactational Amenorrhea Method (LAM). To prevent pregnancy during breastfeeding (using LAM), you would need to be:

- Less than 6 months postpartum
- Exclusively feeding at the breast, with no more than 2 bottles a week
- Taking no more than a 6-hour stretch from nursing overnight
- Amenorrheic, meaning no return of menses yet

If all the criteria are met, you are unlikely to be fertile and become pregnant, as the risk of pregnancy is considered 2%.

Important Things to Consider with the Lactational Amenorrhea Method

- Risk of pregnancy is 2%. This means that **2 out of every 100 women using this method can become pregnant**.
- After 6 months, LAM is not considered protective of pregnancy.
- If a 2% risk of pregnancy is unacceptable, it would be best to add a second method of birth control.

Condoms and other Barrier Methods

Condoms are an effective form of birth control and prevention against sexually transmitted infections (STIs) when used consistently and with the correct technique. Guidance on how to use a condom correctly can be found here. Condoms can be a useful back-up method to another form of birth control, such as LAM, or a temporary method while deciding on a more permanent solution. Condoms don't affect milk production.

Other barrier methods include the diaphragm, the cervical cap, and the female condom. These have similar efficacy rates as condoms when used alone. Like condoms, sponges and spermicides work by not allowing sperm to get to an egg for fertilization. You can learn more details on these methods here.

When condoms are used together with a spermicide, the diaphragm, or the cervical cap, the rate of pregnancy is much lower.

None of these methods affect lactation.

Birth Control Pills, Rings, and Patches

The birth control pill is a very common method of contraception, but it is important to understand the different types of pills and the hormones they contain.

- **Combined estrogen and progesterone pill** – This is the most used and effective type of birth control pill. These pills, also known as "combined oral contraceptives," are generally not recommended while breastfeeding because the estrogen component is known to decrease milk production. Some people experiencing an overproduction of milk may choose to take an estrogen-containing birth control pill to help decrease their milk production.
- **Progesterone only pill** – Sometimes called the "mini pill", or POP, the progesterone-only pill is less likely to affect milk production as compared to birth control pills with estrogen. It is rare for people to report a decrease in milk production from a progesterone-only pill, particularly if started after 2 months postpartum. In the USA, the progesterone-only pill is now available over the counter without a prescription. Please talk to your physician or other healthcare provider about whether this is the right method of birth control for you.

There are also hormonal birth control options that come in the form of **vaginal rings and skin patches**. These methods include estrogen and progesterone and are likely to cause a decrease in milk production, like the combined birth control pill.

Progesterone Shot (Depo Provera)

The progesterone shot can be a **very convenient** form of birth control because it does not require taking a pill daily. The shot is given by a health care provider every 3 months and is very effective at preventing pregnancy. It is **less like to affect milk production** as compared with estrogen-containing options, but people are more likely to report a drop in milk production from progesterone injections as compared to the progesterone-only birth control pills. The downside to the injection is that there is no way to stop its effects abruptly if you experience a drop in milk production or have other side effects. It will take 3 months for the hormone's effects to wear off.

Hormone Implants

The **most common implant** in the United States is etonogestrel, or Nexplanon. This is a **very effective** form of birth control that is typically placed under the skin of the inner upper arm and lasts for 3 years. It is increasingly being placed immediately postpartum, however there is a risk of low production. Many breastfeeding medicine specialists have reported observing decreased milk production when it is used either in the first few days or at 6 weeks postpartum.

Intrauterine Devices (IUDs)

IUDs are small devices that are placed inside the uterus to prevent pregnancy. These are safe during breastfeeding and are not expected to decrease milk production when placed at 6 weeks postpartum.

There are two main types of IUDs:

- **IUD with progesterone.** The advantage of the progesterone is that it thins the lining of the uterus, markedly reducing or eliminating menstrual flow and decreasing menstrual cramping. There is research evidence to suggest that placing the progesterone IUD immediately after birth might cause low milk production.
- **IUD with copper, no hormone.** For people who want to avoid all hormones, the copper IUD is just as effective for a longer period than progesterone IUDs. Copper IUDs can be associated with heavier, more crampy menses as compared to progesterone IUDs.

Surgical Options for Contraception

Surgical methods of contraception are considered permanent solutions that have the benefit of not affecting milk production. These methods involve either **removal or ligation of fallopian tubes, or a vasectomy**.

Additional Considerations

- We recommend discussing birth control with your healthcare provider. In this handout we focus on the effect of birth control on milk production, but there are many other medical, lifestyle, and goal-based factors that should be considered when deciding what method is the best fit for you.
- If you are using any hormonal methods of birth control and struggling with low milk production, talk to your health care provider to find out whether your contraception may be contributing to this. Breastfeeding and Lactation Medicine physicians can be a helpful source of support and can work alongside your health care provider to guide you in making an informed decision. To find a Breastfeeding and Lactation Medicine Physician in your area, please visit IABLE LactMap (https://lacted.org/providers-world-lactation-map/).

Resources

- Planned Parenthood (https://www.plannedparenthood.org/learn/birth-control)
- Reproductive Health Access Project (https://www.reproductiveaccess.org/contraception/)
- The American College of Obstetrics and Gynecology (https://www.acog.org/womens-health/healthy-living/birth-control)
- Centers for Disease Control (https://www.cdc.gov/contraception/about/index.html)
- Bedsider (https://www.bedsider.org/birth-control)