

# THE BREASTFEEDING ANSWER BOOK



## CONTRACEPTION

March 2012

**Update**

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## World Health Organization recommendations

Theoretically hormonal contraceptive use could interfere with breastmilk production, breastfeeding duration, or infant growth. The WHO sums it up best with the statement: “Studies have been inadequately designed to determine whether a risk of either serious or subtle long-term effects exist” (WHO 2010b). Anecdotally a relationship between breastfeeding success and infant growth exists. Many mothers find changes in breastmilk production occur when they use hormonal contraceptives.

### First 6 weeks postpartum

The World Health Organization recommends that in the first 6 months postpartum (after birth), breastfeeding mothers “generally” do not use combined hormonal contraceptive methods. After 6 months postpartum combined hormonal contraceptive methods are no longer restricted. This recommendation is based on the belief that combined hormonal contraceptives could have a negative impact on breastmilk production and on infant health in both the short and long term (WHO 2010a).

### First 6 weeks postpartum

The World Health Organization recommends that breastfeeding mothers “usually” do not use progestin-only contraceptive methods in the immediate period after birth. After 4 weeks postpartum the use of the levonorgestrel intrauterine device (IUD) is no longer restricted. After 6 weeks postpartum the use of all other progestogen-only contraceptive methods are no longer restricted. These recommendations are based on the belief that progestin-only contraceptive use could have a negative impact on the baby’s developing brain (WHO 2008a). The qualifications “generally” and “usually” mean use of the method is recommended only when other “more appropriate methods are not acceptable or available” (WHO 2008b).

## Do combined hormonal contraceptives affect lactation?

A “Combined” hormonal contraceptive contains both estrogen and progestin. The existing data from randomized controlled studies does not clearly prove or disprove an effect of combined hormonal contraceptives on lactation (Truitt 2003).

## What does combined hormonal contraceptives affect?

In some studies mothers who used contraceptives with both estrogen and progestin made less breastmilk (Truitt 2003). Infant growth has also been affected when mothers used contraceptives with both estrogen and progestin (Truitt 2003).

## The quality of the evidence is not ideal

Little of the information regarding contraceptives on breastmilk production and infant growth is ideal. Significant problems include small numbers of women and babies, non-random assignment to treatment group, short follow up times, and high numbers of women and babies that did not complete the study. The most recent review concluded 1) the data on the effect of combined contraceptives on breastfeeding is not clear but 2) infant growth is not affected (Kapp 2010a).

## Do progestin-only contraceptives affect lactation?

High quality data to answer the question of whether a woman's breastmilk or her infant's growth is adversely affected when she uses progestin-only contraceptives is not available. A review considered information from five randomized controlled trials and nearly 40 observational studies. All of the studies were considered fair to poor. Overall, women using progestin-only contraception in the postpartum period were able to breastfeed without problems for 12 months (Kapp 2010b). This same review showed that:

- Overall the progestin-only contraceptives caused no ill effects on breastfeeding or when started at 6 weeks or 6 months after delivery.
- In some randomized and observational studies women stopped breastfeeding sooner in the progestin-only group.
- In other studies women stopped breastfeeding later in the progestin-only group.
- In some studies women used more supplements in the progestin-only group.
- In many studies infant growth, health and development was normal from 6 months to 6 years.
- In some studies infant weight gain was lower and in some infant weight gain was higher when mothers used progestin-only contraceptives.
- Two male infants whose mothers were taking desogestrel pills had temporary breast enlargement.

A few studies have been published since the last review. One study looked at the effect of placing a progestin intrauterine system 10 minutes after delivery of the placenta versus after 6 weeks postpartum. Significantly less mothers and babies were breastfeeding at 6 months in the women exposed to progestin in the early postpartum period at 6 weeks (Chen 2011).

## Recommended Child Spacing

The WHO recommends couples wait at least 24 months after birth to become pregnant again. This is because there are negative consequences for both mothers and babies when there is a short interval before the next pregnancy. Mothers are at a higher risk of dying when they become pregnant within 6 months of birth. Infants are at a higher risk of dying if they are born to a mother who became pregnant within 18 months of birth. Infants are also at risk of being preterm (born before 37 weeks gestation), small (birth weight less than the 10th percentile for gestational age), and low birth weight (birth weight less than 5 pounds 8 ounces or 2500 grams). After spontaneous and induced abortions the WHO recommends women wait at least 6 months to become pregnant again (WHO 2007).

## Postpartum contraception

After delivery every woman should understand the recommendations for child spacing and her contraceptive options. A breastfeeding mother should consider the contraceptives potential effects on her breastmilk, her own health and the health of her baby.

## Lactational Amenorrhea Method (LAM)

The Lactational Amenorrhea Method of contraception takes advantage of the delay in return of ovulation after birth when mothers are fully breastfeeding (Labbok 1997). Mothers answer three questions.

- 1) Is your baby older than 6 months of age?
- 2) Have your menses returned?

- 3) Are you supplementing regularly or allowing long periods without breastfeeding, more than 4 hours during the day or more than 6 hours during the night?

## Pregnancy rates with LAM

If the answer to each of the three questions is “no”, the likelihood of pregnancy is low and LAM can be used as a contraceptive method. Using LAM fewer than 2 percent of women will become pregnant (Labbok 1997). There are no restrictions on the use of LAM and it has not been demonstrated to have any negative effects on breastmilk production or infant health (WHO 2009). Breastfeeding mothers around the world are satisfied with the LAM (Hight-Laukaran 1997). LAM has the added benefit of encouraging exclusive breastfeeding and supporting women to breastfeed for the internationally recommended minimum of two years.

## Can LAM work for mothers working outside the home?

LAM may not be as effective for working mothers who are separated from their babies. Working mothers have higher pregnancy rates using LAM, about 5 percent compared to about 2 percent for nonworking mothers using LAM (Valdéz 2000).

### Note.

Progestogen-Only Pills or Progestin-Only Pills are contraceptive pills that contain only synthetic progestogens (progestins) and do not contain estrogen. They are colloquially known as mini pills.

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