## Breastfeeding and Birth Control

### Methods that require a health care provider for insertion or prescription

<table>
<thead>
<tr>
<th>Birth Control Method and Effectiveness at Preventing Pregnancy</th>
<th>How is it obtained?</th>
<th>How long does it last or how often should it be taken?</th>
<th>Does it contain hormones?</th>
<th>Is it okay for breastfeeding patients?</th>
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| Implant                                                      | Inserted by a health care provider | Lasts up to three years | Yes | Yes; can be used the same day as delivery | No | • A health care provider must remove the implant.  
• The patient may not get a period.  
• Milk supply may decrease and the patient may need additional lactation support. |
| IUD, Copper                                                   | Inserted by a health care provider | Lasts up to 10 years | No | Yes; can be used immediately after or at least one month after delivery | No | • A health care provider must remove the IUD.  
• For this method to be inserted at delivery, the patient will need to be counseled as a part of her prenatal care.  
• The patient may not get a period.  
• Milk supply may decrease and the patient may need additional lactation support. |
| IUD, Hormonal                                                | Inserted by a health care provider | Lasts between three and five years | Yes | Yes; can be used immediately after or at least one month after delivery | No | • A health care provider must remove the IUD.  
• For this method to be inserted at delivery, the patient will need to be counseled as a part of her prenatal care.  
• The patient may not get a period.  
• Milk supply may decrease and the patient may need additional lactation support. |
| Shot                                                         | Administered by a health care provider | Once every three months | Yes | Yes; can be used the same day as delivery but preferably one month after delivery | No | • In the first few months, the patient may experience irregular bleeding and then may not get a period.  
• This method cannot be reversed during the three-month period.  
• Milk supply may decrease and the patient may need additional lactation support. |
| Patch                                                        | Prescribed by a health care provider and obtained at a pharmacy | Each month a new patch is applied every week for three weeks; during week four no patch is used | Yes | Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | • Milk supply may decrease and the patient may need additional lactation support. |
| Pills                                                        | Prescribed by a health care provider and obtained at a pharmacy | One pill a day at the same time every day | Yes | Progestin-only: Yes; can be used the same day as delivery | No | • Milk supply may decrease and the patient may need additional lactation support. |
| Combined, estrogen and progestin: a small pill containing two hormones that is swallowed | Prescribed by a health care provider and obtained at a pharmacy | One pill a day at the same time every day | Yes | Combined; Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | • Milk supply may decrease and the patient may need additional lactation support. |
| Ring                                                         | Prescribed by a health care provider and obtained at a pharmacy | The ring remains in place for three weeks each month and is removed during week four | Yes | Yes; can be used as early as one month after delivery (six weeks if there is an increased risk of VTE) | No | • The patient must be comfortable inserting the ring into her vagina.  
• Milk supply may decrease and the patient may need additional lactation support. |
| Diaphragm                                                    | Prescribed by a health care provider and obtained at a pharmacy | Every time the patient has sex | No | Yes; once the cervix returns to normal | No | • The patient must be comfortable inserting the diaphragm into her vagina.  
• The patient must use spermicide with the diaphragm. |
| Cervical Cap                                                 | Prescribed by a health care provider and obtained at a pharmacy | Every time the patient has sex | No | Yes; once the cervix returns to normal | No | • The patient must be comfortable inserting the cervical cap into her vagina. |

### Methods that are available at the drugstore (no prescription needed)

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| Condom, Male                                                  | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | Yes | • Latex and non-latex options are available.  
• The patient should use water-based lubricant. |
| Condom, Female                                                | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | Yes | • All are non-latex.  
• The patient should use water-based lubricant. |
| Spermicide                                                    | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | No | • The patient must be comfortable inserting the sponge into her vagina. |
| Sponge                                                       | Obtained at a drugstore | Every time the patient has sex | No | Yes; can be used when it is safe and comfortable to resume sex | No | • The patient must be comfortable inserting the sponge into her vagina. |

### Additional considerations:

- A small plastic rod that contains a progestin-only hormone that is inserted under the skin of the arm
- A progestin-only hormone that is inserted into the uterus
- A round piece of foam with a nylon loop across the top and spermicide that is inserted into the vagina
- A thin, plastic square adhesive patch containing two hormones that is placed on the skin
- A thin covering placed over the penis to keep sperm out of the vagina
- A female condom
- A chemical that stops sperm from moving and reaching the uterus
- A way to cover the cervix
Birth Control Method and Effectiveness at Preventing Pregnancy

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<tr>
<td>Lactational Amenorrhea Method (LAM)</td>
<td>na/na</td>
<td>na</td>
<td>No</td>
<td>Breathing should be initiated immediately after delivery</td>
<td>No</td>
<td>• The patient must be breastfeeding only, and the baby must be feeding at the breast at least every four hours during the day and every six hours at night. This method is only effective until the baby is 6 months old and is not receiving any supplemental foods or drink, and the mom has not gotten her period.</td>
</tr>
<tr>
<td>Abstinence</td>
<td>n/a</td>
<td>No</td>
<td>No</td>
<td>Yes; can be used the same day as delivery</td>
<td>Yes</td>
<td>• Both partners must decide this method is right for them.</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>n/a</td>
<td>No</td>
<td>No</td>
<td>Yes; can be used return it safe and comfortable to resume sex</td>
<td>No</td>
<td>• The male partner must pay attention to how close he is to ejaculating to effectively use this method.</td>
</tr>
</tbody>
</table>

Methods that don’t require a prescription or a trip to the drugstore

Sterilization

- Female sterilization (incision and non-incision) does or blocks the fallopian tubes, preventing the egg and sperm from meeting 99% effective
- Male sterilization (vasectomy) does or blocks the vas deferens, preventing the sperm from being present in the semen 99% effective

Permanent methods that must be performed by a health care provider

- For lactational amenorrhea, breastfeeding should be initiated immediately after delivery.
- For breastfeeding, the mother must be breastfeeding only, and the baby must be feeding at the breast at least every four hours during the day and every six hours at night. This method is only effective until the baby is 6 months old and is not receiving any supplemental foods or drink, and the mom has not gotten her period.
- For withdrawal, the method involves removing the penis from the vagina and not ejaculating, which can be difficult to achieve, especially for new moms.
- For sterilization, the incision method involves making a small incision in the testicles to block the sperm from being transported to the vas deferens, while the non-incision method involves blocking the vas deferens with a small clip or band.

Background

- Effective breastfeeding rate ranges are provided, which can vary based on the method used and the healthcare provider.
- Exclusive breastfeeding (breast milk only) is recommended for the first six months, and breastfeeding should continue with the introduction of other foods for at least one year after birth.
- New moms are encouraged to delay their next pregnancy for at least 18 to 24 months to decrease health risks.
- About 88% of NYC moms start breastfeeding, and nearly 30% breastfeed exclusively for at least eight weeks.
- Mothers who return to work pump breast milk to continue breastfeeding, and legislation supports breastfeeding mothers at their workplace.
- More than half of women have resumed sexual activity by five to six weeks postpartum.
- When resuming sexual activity, about 73% of NYC moms use postpartum contraception to avoid pregnancy.
- Both breastfeeding and contraception offer multiple health benefits to mothers, babies and their families.

Supporting Both Breastfeeding and Birth Control Use

- There are many safe birth control methods to use while breastfeeding.
- Many methods can be used immediately after delivery and others have required or preferred waiting periods based on health risks, possible breastfeeding impact or both.
- Hormonal birth control methods may be offered when there are no health contraindications.
- Timing of method initiation and reversibility should be considered for possible impact on breastfeeding. Most data do not show a negative impact of hormonal contraception to milk supply or breastfeeding duration, but more research is needed in this area.
- Mothers who prioritize early initiation of contraception after delivery have several options, and early counseling (ideally during prenatal care) is important.
- Methods such as postpartum IUDs may need advance planning with the hospital staff. Permanent sterilization methods require consent forms to be completed at least 30 days before the estimated due date.

Suggested Approach

- Use the informational grid on the reverse to have a discussion with your patients about options.
- Support the widest range of options based on health factors.
- When helping patients make decisions about contraception use during breastfeeding, explore:
  - Breastfeeding goals, supports and past experiences
  - Desire for future pregnancies, knowledge of and past experience with contraception, and priorities in a birth control method, such as effectiveness in preventing pregnancy, privacy and ease of use
  - Health factors, for example, risk for VTE

References

[10] Other references are not included in the text.