

Spacing Babies and Contraception

Choosing contraception is important for you to allow for desired birth spacing, assure you can meet your lactation goals, and be satisfactory for you and your partner. There are many different types of contraception, and the table below provides you with background information, so you can make the best choice for you and your breastfeeding goals.^{1.2}

Method	Advantages	Disadvantages	Breastfeeding/Milk Effects
Lactational Amenorrhea Method (LAM) Natural Family Planning	 No side effects Effectiveness rates comparable with other methods of birth control Low cost for most methods 	 Requires special instruction for use during lactation. May require long periods of abstinence 	• None
 Barrier Methods Diaphragm Cervical Cap Spermicide Condoms 	 Few side effects/low cost Effective with careful and appropriate use Provides protection from sexually transmitted infections 	 Potential for user error Allergic reactions possible Cervical cap and diaphragm require fitting 	• None
IUD (Intrauterine	Highly effective	• Small risk of infection	Copper IUD: no known

Contraception Method During Breastfeeding

 Devices) Copper IUD Levonorgestrel (LNG) IUD (e.g., Mirena) 	 Reversible Long-term contraceptive 	 Requires healthcare provider insertion and removal Copper IUD contraindicated with Wilson's disease and copper allergy Short-term use is costly; long-term use is cost-effective 	 impact on breastfeeding Levonorgestrel IUD placed immediately postpartum may be associated with decreased milk supply. No adverse effect on breastfeeding reported when placed 6 weeks postpartum or later
Sterilization Male: vasectomy Female: postpartum, laparoscopic; hysteroscopic	 Highly effective Male vasectomy and female hysteroscopic may be performed on an outpatient basis 	 Permanent Surgical procedure risks & cost related to surgery Risk of ectopic pregnancy with female procedures 	 For females, postpartum procedure may separate mom and baby and may require use of narcotics

Progestin-Only Hormonal Options Injectible (e.g, Depo Provera) every 3 months Oral daily pills (e.g., "mini pill") Progesterone-rele asing LNG IUD Progestin vaginal rings Implants: etonogestrel (e.g., Nexplanon) 	 Long-term options highly reliable 	 Common side effect of irregular bleeding may occur less in lactating parents Potential for user failure with daily pills Other progesterone side effects: headache, acne, weight gain, bloating, depressed mood. <i>If you experience any of these side effects, especially depressed mood, it is important to talk with a healthcare provider.</i> Depo Provera may have delayed return to fertility Implant and IUDs require provider insertion and removal 	 Potential to negatively impact milk supply when started prior to establishing a milk supply; if there is a negative effect on milk supply, it is often permanent. If milk supply decreased with Depo Provera, it cannot be discontinued or removed. LNG IUD placed immediately postpartum may be associated with shorter duration of lactation. No adverse effect on lactation when placed 6 weeks postpartum or later
Estrogen-Containing	 Options can be	 Potential for user to	 Ideally avoid until milk
Combined Hormonal	self-administered	forget to take or not	supply is well

 Options Combination oral contraceptive pills (The Pill), daily Estrogen-containi ng vaginal ring (e.g., Nuvaring), monthly Estrogen-containi ng transdermal patch (e.g., Ortho-Evra), weekly 	• Regular menstrual cycles	 take at the right time Increased risk of blood clots Potential for drug interactions Multiple medical contraindications 	 established Potential for adverse effect on milk supply. Risk is greater with higher estrogen levels If used by a lactating parent, begin lowest possible dose as late as possible with well-established milk supply
Emergency Contraception Combined estrogen/ progestin pills (e.g., Preven, Yuzpe method) Progestin-only pills-LNG (e.g., Plan B) Mifepristone Ulipristal	 Most effective within 72 hours after sexual intercourse LNG options appear to have superior efficacy to combination oral contraception with fewer side effects Mifepristone similar or superior to LNG in efficacy 	 Estrogen-containing options may cause nausea/vomiting Limited data available for Ulipristal and Mifepristone in lactation 	 LNG preferred over estrogen-containing options in lactating parents due to concerns related to estrogen and milk supply.

What If I Have Questions?

If you are interested in learning more, these Aeroflow classes expand on some of the topics discussed above:

• Birth & Breastfeeding

To register for these classes, log into your portal or click here.

Want More Info?

For a directory of Aeroflow's other Care Guides offering information on pregnancy, baby care, and more, browse our comprehensive list of titles:

https://www.hersourcehealth.com/aeroflow-care-guides/

References

- 1. https://pubmed.ncbi.nlm.nih.gov/17661561/
- 2. <u>https://www.cdc.gov/reproductive-health/contraception/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/contraception/index.htm</u>