BIRTH CONTROL AND BREASTFEEDING

Dee Kassing, BS, MLS, IBCLC, RLC; AAPL of Illinois La Leche League
Breastfeeding Support Services, Inc.
Phone: 618-346-1919
deekassing@sbcglobal.net
www.bfsupportservices.com

Disclosures
• I have no financial ties to any manufacturers or methods of birth control.

Objectives
• Participants will be able to:
  • discuss the advantages and disadvantages of at least four non-hormonal methods of birth control.
  • discuss the advantages and disadvantages of at least two hormonal methods of birth control.
  • list the three factors that must be in place for the Lactational Amenorrhea Method (LAM) of birth control to work.

PERMANENT METHODS OF BIRTH CONTROL

VASECTOMY
• No effect on lactation
• Sperm continues to clear for about 20 ejaculations—another method must be used during this time

TUBAL LIGATION
• Slight risk of conception for a decade after procedure
• If general anesthesia used, separation of mother and baby during recovery
• Anesthesia can interfere with baby learning to breastfeed well

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**TUBAL LIGATION**

- Can mother schedule procedure so that she can express enough milk for a couple of missed feedings?
- Risk of pregnancy for 10 years post-procedure:
  - Younger than 28 years old: 5%
  - Between 28 and 33 years old: 2%
  - 34 years and older: 1%

**NON-PERMANENT METHODS OF BIRTH CONTROL**

**Hierarchy Of Non-permanent Methods Of Birth Control**

1. Non-hormonal methods
2. Progestin-only methods
3. Estrogen-containing methods

**NON-HORMONAL METHODS OF BIRTH CONTROL**

*Barrier methods*
*Non-barrier methods*

**BARRIER METHODS**

- **DIAPHRAGM**
  - MUST be re-fitted after EVERY birth
  - Can’t be fitted until 6-8 weeks after birth
  - MUST be re-sized with every 10-pound weight gain or loss

- **CAYA**: New type of diaphragm
  - Contoured
  - One-size-fits-most
  - Diaphragms must always be used with contraceptive gel
  - Gel must be water-based for use with Caya

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BARRIER METHODS

DIAPHRAGM
- Must be left in place at least 6 hours after intercourse
- If intercourse happens again during that timeframe, the clock re-starts for another 6 hours.
- Another dose of spermicide will need to be placed in vagina

CONDOMS
- Male and female versions available
- Male condoms have lower failure rate than female condoms
- Male condoms available in latex, polyurethane, polyisoprene and natural membrane (also called lamb skin)

CONDOMS
- Latex has lower failure rate than natural membrane
- Polyurethane does not stretch easily—higher breakage and slippage rate
- Polyisoprene considered effective at preventing pregnancy and reducing spread of STDs

CONTRACEPTIVE SPONGE; CERVICAL CAP
- 40% failure rate after woman has birthed a baby!

SPERMICIDE
- Can be used alone
- Less risk of pregnancy if combined with condom or diaphragm. (Some condoms pre-packaged with spermicide applied, but those don’t work as well.)
- Small amounts pass into milk, but no problems documented in babies
NON-BARRIER METHODS

• Copper Intrauterine Device (IUD)—Paragard
  ◦ Produces inflammatory reaction that’s toxic to sperm and eggs
  ◦ No protection against STDs
  ◦ Can be used as emergency contraception
  ◦ Should not be used by women with Wilson’s Disease

NON-BARRIER METHODS

• Copper Intrauterine Device (IUD)—Paragard
  ◦ Can be left in place 10 or 12 years (depending on what you read)
  ◦ “Since copper IUDs are usually smaller [than hormonal IUDs], there is little problem with effect of letdown on the uterus.”
    • Lawrence & Lawrence © 2016, 8th ed.

NON-BARRIER METHODS

• NATURAL FAMILY PLANNING
  ◦ Involves using periodic abstinence from sexual relations
  ◦ Mother observes cervical mucus secretions, cervical position and/or basal body temperature

NON-BARRIER METHODS

• NATURAL FAMILY PLANNING
  ◦ Methods using temperature and mucus and/or cervical position changes are called symptothermal methods
  ◦ Basal body temperature requires at least 6 hours uninterrupted sleep

NON-BARRIER METHODS

• NATURAL FAMILY PLANNING
  ◦ NFP method using basal body temperature and observation of cervical mucus is taught by Couple to Couple League.
    • www.ccli.org

NON-BARRIER METHODS

• NATURAL FAMILY PLANNING
  ◦ Methods involving observation of mucus are best learned while mother is not breastfeeding
  ◦ Specific information mother must know to read her mucus correctly while breastfeeding
NON-BARRIER METHODS

NATURAL FAMILY PLANNING
- Creighton Model FertilityCare System
- Involves only checking vaginal fluid
- Shown to be more effective than method of NFP taught by Couple to Couple League

NON-BARRIER METHODS

Cervical Positioning System
- As ovulation nears, cervix is higher, softer and open wider
- Low cervix, firm tissue, closed—probably not fertile

NON-BARRIER METHODS

LACTATIONAL AMENORRHEA METHOD (LAM)
- Takes advantage of breastfeeding’s ability to stop menstrual cycles

HORMONAL METHODS

Can affect mother’s milk supply
- Low levels of the hormones do get into breastmilk

PROGESTINS

- Progestins are *not* the same as progesterone
- Impossible to patent naturally-occurring compounds
- Chemical make-up is similar but not identical to progesterone

ESTROGEN

- Present in “combined” birth control pills and in the birth control patch (Xulane)
- Almost always causes some decrease in milk supply
- Dr. Hale advises to avoid all methods containing estrogen. He also states estrogen is serious health hazard in first 6 wks postpartum due to increased risk of blood clots.
PROGESTINS
• Manufacturers state not to be used before 6 weeks postpartum
• Even waiting past that time limit, these methods can seriously impact milk supply

PROGESTINS
• Some mothers experience oversupply
• Some mothers see no change in milk supply
• Many mothers experience significant drop in supply

PROGESTINS
• PILLS
  ◦ Can be stopped immediately if mother experiences change in supply
  ◦ Sometimes change is rather immediate, sometimes develops more slowly

PROGESTINS
• PILLS
  ◦ Baby may tug at breast at end of feeding, indicating drop in supply
  ◦ Baby may fuss and come off breast at beginning of feeding, indicating possible change in flavor

PROGESTINS
• PILLS
  ◦ If mother has only been on pill for 3-4 days, often only takes 3-4 days to rebuild supply
    • (Baby nursing like growth spurt, or mom pumping)
  ◦ If mother has been on pill for 2 months or longer, can take 2-3 weeks to rebuild supply
    • Baby is older at that point, so mom will probably have to pump to rebuild supply

PROGESTINS
• PILLS
  ◦ “Vitally” important to take pill every 24 hours!
  ◦ “Combined” pill is more forgiving; allows mother to sleep a few hours later
  ◦ With progestin-only pills, can ovulate shortly past 24-hour mark
PROGESTINS

• DEPO-PROVERA SHOT
  ◦ Timereleased shot given once every 3 months
  ◦ If it has negative impact on milk supply, nothing can be done about it
  ◦ If mother gets shot before leaving hospital, milk volume may not increase

PROGESTINS

• DEPO-PROVERA SHOT
  ◦ Even waiting 6 weeks does not guarantee shot will have no impact on milk supply
  ◦ If woman is more than two weeks late getting next injection, more likely to get pregnant

PROGESTIN

• DEPO-PROVERA
  ◦ Cromer et al.
  ◦ Adolescent girls receiving Depo-Provera had significant loss in Bone Mineral Density compared with bone gain in untreated girls and girls using oral contraceptives

PROGESTINS

• PROGESTIN-ONLY IMPLANTS
  ◦ In the US, only Nexplanon is available
  ◦ Inserted under skin, usually in the inner upper arm
  ◦ Can prevent pregnancy up to 3 yrs

PROGESTINS

• INTRAUTERINE DEVICE (IUD)
  ◦ IUDs available with and without progestin coating
  ◦ Some anecdotal reports of mothers experiencing drop in milk supply after insertion of IUD with progestin

PROGESTINS

• INTRAUTERINE DEVICE (IUD)
  ◦ IUD could be removed if there is a problem but doctors won’t always do that
PROGESTINS

- Intrauterine Device (IUD)
  - Can be expelled from the uterus
  - Best times to insert are:
    - in the 10 minutes immediately after delivery of the placenta OR
    - 6 weeks after childbirth
  - If inserted then, no increased expulsion rate for breastfeeders

PROGESTINS

- LEVONORGESTREL-RELEASING INTRAUTERINE DEVICE (IUD)
  - Chen, et al. (2009)
    - At 6 months, exclusive breastfeeding is less likely among women receiving IUD with progestin postplacentally than in women receiving it 6-8 weeks postpartum

PROGESTINS

- LEVONORGESTREL-RELEASING IUD
  - Chen, et al. (2009)
    - If progestin-coated IUD inserted immediately after delivery of placenta:
      - 24.2% of mothers still breastfeeding at 3 months postpartum
      - 9.1% of mothers still breastfeeding at 6 months postpartum
    - If progestin-coated IUD inserted 6-8 weeks postpartum:
      - 50.0% of mothers still breastfeeding at 3 months postpartum
      - 42.6% of mothers still breastfeeding at 6 months postpartum

PROGESTINS

- INTRAUTERINE DEVICE (IUD)
  - IUD can puncture wall of uterus

PROGESTINS

- CDC changed its guidelines Spring 2010
  - www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0528a1.html
  - “Benefits of immediate postpartum use outweigh risks”
  - “By 4 weeks, no risk for progestin-only”
PROGESTINS
- Combined pills rated “generally acceptable” from 4 weeks
- Academy of Breastfeeding Medicine urged CDC to reconsider but CDC has not done so

COMBINED
- NUVA-RING
  - Vaginal ring that contains both estrogen and progestin
  - Replaced every 4 weeks (wear for 3 weeks; remove for 1 week)
  - Numerous reports of breastfeeding women suffering significant reduction in milk supply

EMERGENCY CONTRACEPTIVES
- Currently two types on the market:
  - Paragard, the copper IUD
  - Emergency contraceptive pills
- Paragard makes sperm less able to fertilize an egg.
  - Needs to be inserted within 5 days of having unprotected sex.

EMERGENCY CONTRACEPTIVES
- Pills
  - Plan B (two pills taken separately)/Next Choice/Next Step
    - Progestin-only (Levonorgestrel)
    - Plan B One-Step
      - Both pills taken simultaneously, giving double-dose of progestin

EMERGENCY CONTRACEPTIVES
- Ella
  - Contains ulipristal acetate
  - Not to be used at the same time as emergency contraceptive containing levonorgestrel; may reduce action of combined and progestin-only contraceptives

EMERGENCY CONTRACEPTIVES
- Ella (continued)
  - Manufacturer recommends avoid breastfeeding for 36 hrs after intake
  - Infant Risk Center says:
    - It’s steroid, so milk levels are probably low
    - 32-hour half-life
    - 100% orally bioavailable, but milk levels are low
    - Tmax = 1 hr.
LACTATIONAL AMENORRHEA METHOD (LAM)

• 1988: Researchers studied published and unpublished research about pregnancy rates and produced the Bellagio Consensus

LACTATIONAL AMENORRHEA METHOD (LAM)

• 3 Factors must ALL be in place for LAM to work:
  1. Baby must be **less than 6 months old** AND
  2. Mother has experienced **no vaginal bleeding after 56th day postpartum** AND
  3. Mother is fully or nearly fully breastfeeding.

No pacifiers.
Non-nutritive sucking must be at breast.
No solid foods have been introduced.
No more than 4 hrs between feeds during day and no longer than 6 hrs at night.

LACTATIONAL AMENORRHEA METHOD (LAM)

I would like to thank the Illinois Department of Human Services for the opportunity to present this information.