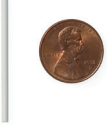















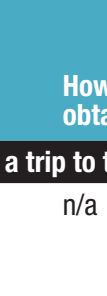


Breastfeeding and Birth Control: Guidance for Providers

Birth Control Method and Effectiveness at Preventing Pregnancy	How is it obtained?	How long does it last or how often should it be taken?	Does it contain hormones?	Is it okay for breastfeeding patients? How soon can it be used?	Does it prevent HIV/STDs?	Other considerations?
Methods that require a health care provider for insertion or prescription						
 <p>Implant Small plastic rod that contains a progestin-only hormone that is inserted under the skin of the arm 99% effective</p>	Inserted by a health care provider	Lasts up to three years	Yes	Yes; can be used the same day as delivery	No	<ul style="list-style-type: none"> 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.
 <p>IUD, Copper A small plastic and copper device that is inserted inside the uterus 99% effective</p>	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	<ul style="list-style-type: none"> 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.
 <p>IUD, Hormonal A small plastic device containing a progestin-only hormone that is inserted inside the uterus 99% effective</p>	Inserted by a health care provider	Lasts between three to five years	Yes	Yes; can be used immediately after or at least one month after delivery	No	<ul style="list-style-type: none"> 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.
 <p>Shot An injection containing a progestin-only hormone 97-99% effective</p>	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	<ul style="list-style-type: none"> 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.
 <p>Patch A thin, plastic square adhesive patch containing two hormones that is placed on the skin 92-99% effective</p>	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	<ul style="list-style-type: none"> Milk supply may decrease and the patient may need additional lactation support.
 <p>Pills Progestin only: a small pill containing one hormone that is swallowed 92-99% effective</p>	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	<ul style="list-style-type: none"> 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 92-99% effective	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 (6 weeks if there is an increased risk of VTE)	No
 <p>Ring A soft, flexible plastic ring containing two hormones that is inserted into the vagina 92-99% effective</p>	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	<ul style="list-style-type: none"> The patient must be comfortable inserting the ring into her vagina. Milk supply may decrease and the patient may need additional lactation support.
 <p>Diaphragm A fitted, shallow dome-shaped silicone cup that is inserted into the vagina to cover the cervix 84-94% effective</p>	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	<ul style="list-style-type: none"> The patient must be comfortable inserting the diaphragm into her vagina. The patient must use spermicide with the diaphragm.
 <p>Cervical Cap A fitted silicone cup that is inserted into the vagina to cover the cervix 60-91% effective</p>	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	<ul style="list-style-type: none"> The patient must be comfortable inserting the cervical cap into her vagina.
Methods that are available at the drugstore (no prescription needed)						
 <p>Condom, Male A thin covering placed over the penis to keep sperm out of the vagina 82-98% effective</p>	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	<ul style="list-style-type: none"> Latex and non-latex options are available. The patient should use water-based lubricant.
 <p>Condom, Female A pouch (with a ring at either end) inserted into the vagina 79-95% effective</p>	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	<ul style="list-style-type: none"> All are non-latex. The patient should use water-based lubricant.
 <p>Spermicide A chemical that stops sperm from moving and reaching the uterus 71-82% effective</p>	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	
 <p>Sponge A round piece of foam with a nylon loop across the top and spermicide that is inserted into the vagina 68-91% effective</p>	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	<ul style="list-style-type: none"> The patient must be comfortable inserting the sponge into her vagina.

Birth Control Method and Effectiveness at Preventing Pregnancy	How is it obtained?	How long does it last or how often should it be taken?	Does it contain hormones?	Is it okay for breastfeeding patients? How soon can it be used?	Does it prevent HIV/STDs?	Other considerations?
Methods that don't require a prescription or a trip to the drugstore						
 Lactational Amenorrhea Method (LAM) Exclusively breastfeeding without a period for up to six months after delivery 92-98% effective	n/a	n/a	No	Breastfeeding should be initiated immediately after delivery	No	<ul style="list-style-type: none"> 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.
 Abstinence Refraining from vaginal intercourse with a man 85-100% effective	n/a	No vaginal sex for the entire time this method is used	No	Yes; can be used the same day as delivery	Yes	<ul style="list-style-type: none"> Both partners must decide this method is right for them.
 Withdrawal The male partner pulls his penis out of the vagina before ejaculating and ejaculates away from the vulva 73-96% effective	n/a	Every time the patient has sex	No	Yes; can be used when it is safe and comfortable to resume sex	No	<ul style="list-style-type: none"> The male partner must pay attention to how close he is to ejaculating to effectively use this method.
Permanent methods that must be performed by a health care provider						
 Sterilization Female sterilization (incision and non-incision) closes or blocks the fallopian tubes, preventing the egg and sperm from meeting 99% effective	Performed by a health care provider	Sterilization is permanent	No	Yes; the incision method can be performed the same day as delivery if consent is signed at least 30 days before the estimated due date	No	<ul style="list-style-type: none"> Incision method: sterilization takes effect the same day; recovery can take one to two weeks. Non-incision method: at three months, sterilization must be confirmed; recovery takes a few days.
Male sterilization (vasectomy) closes or blocks the vas deferens, preventing the sperm from being present in the semen 99% effective	Performed by a health care provider	Sterilization is permanent	No	Yes; see <i>Other considerations</i>	No	<ul style="list-style-type: none"> There is a 30-day waiting period after the consent has been signed. Sterilization takes effect after about 12 weeks and should be confirmed by a semen analysis. Recovery can take up to one week.

Background

- When effectiveness rate ranges are provided, the low end of the range is typical use effectiveness and the high end is perfect use effectiveness ^[1].
- 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 ^[2-4].
- New moms are encouraged to delay their next pregnancy for at least 18 to 24 months to decrease health risks ^[5-9].
- About 88% of NYC moms start breastfeeding, and nearly 30% breastfeed exclusively for at least eight weeks ^[10].
- Mothers who return to work often 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 ^[11].
- When resuming sexual activity, about 73% of NYC moms use postpartum contraception to avoid pregnancy ^[10].
- Both breastfeeding **and** contraception offer multiple health benefits to mothers, babies and their families.
- Risk factors for venous thromboembolism (VTE) are increasing age, cancer, obesity, prior VTE, inherited thrombophilias, immobility, transfusion, postpartum hemorrhage, cesarean delivery, preeclampsia and smoking ^[12].

Supporting Both Breastfeeding and Birth Control Use

- There are many safe birth control methods to use while breastfeeding ^[13].
- Many methods can be used immediately after delivery ^[12,14] 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 ^[13].
- 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 ^[5].
- 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

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