

**Breastfeeding and Hormonal Contraception**

The Centers for Disease Control and Prevention’s (CDC) *U.S. Selected Practice Recommendations for Contraceptive Use, 2013*:

* Levonorgestrel Intraunterine Devices (LNG-IUD), including Mirena, Skyla, and Liletta, can be used immediately postpartum. The advantages of using LNG-IUDs generally outweigh the theoretical or proven risks if inserted less than 10 minutes up to 4 weeks after delivery of the placenta, and there is no restriction for use of the method if inserted more than or equal to 4 weeks after delivery of the placenta.
* Progestin-only Pills, Implants, and Injections can also be with relatively little risk. The advantages of using these methods generally outweigh the theoretical or proven risks if used less than 1 month postpartum, and there is no restriction for use of these methods 1 month or more postpartum.
* Combined Hormonal Contraceptives (Pills, Patch, Ring) contain progestin and estrogen and generally shouldn’t be used until at least 1 month postpartum. If other health risks are present for deep vein thrombosis, women who are breastfeeding are advised to wait to use combined hormonal contraceptives until the 6th week postpartum.[[1]](#endnote-1)

Statements from The American Congress of Obstetricians and Gynecologists (ACOG):

* The advantages of using LNG-IUDs and implants generally outweigh the theoretical or proven risks if inserted less than 1 month postpartum, and there is no restriction for use of the method if inserted more than or equal to 1 month postpartum.[[2]](#endnote-2) “The progestin in hormonal IUDs or implants, could prevent onset of milk production," however "there are few contraindications to postpartum IUDs and implants. Obstetrician–gynecologists and other obstetric care providers should counsel women about the convenience and effectiveness of immediate postpartum LARC..."[[3]](#endnote-3)
* Progestin-only pills and injections are safe to women to take immediately after childbirth.[[4]](#endnote-4) “…Observational studies of progestin-only contraceptives suggest they have no effect on successful initiation and continuation of breastfeeding or on infant growth and development.”[[5]](#endnote-5)
* ACOG recommends women who breastfeed wait until at least the fifth week postpartum to use combined hormonal contraception, after breastfeeding has been well established.[[6]](#endnote-6)

There was no reference to breastfeeding related to hormonal contraception in the most recent Providing Quality Family Planning Services (QFP) document.

World Health Organization recommendations:

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| Type of Hormonal Contraceptive | Recommendation |
| **Hormonal IUDs**  Mirena, Skyla, Liletta (levonorgestrel-releasing) | Less than 48 hours after delivery of the placenta – 2  Between 48 hours and 4 weeks after delivery of the placenta – 3  More than 4 weeks after delivery of the placenta – 1 |
| **Subdermal Implants**  Nexplanon, Implanon (etonogestrel-releasing) | Less than 6 weeks postpartum – 2  Between 6 weeks and 6 months postpartum – 1  More than 6 weeks postpartum – 1 |
| **Injectables**  Depo-Provera (progestin only) | Less than 6 weeks postpartum – 3  Between 6 weeks and 6 months postpartum – 1  More than 6 weeks postpartum – 1 |
| **Injectables**  Cyclofem, Mesigyna  (combined hormonal, progestin and estrogen) | Less than 6 weeks postpartum – 4  Between 6 weeks and 6 months postpartum – 3  More than 6 weeks postpartum – 2 |
| **Combined Hormonal**  Pill, Patch, Ring (progestin and estrogen) | Less than 6 weeks postpartum – 4  Between 6 weeks and 6 months postpartum – 3  More than 6 weeks postpartum – 2 |
| **Progestin-Only Pills**  Mini pill | Less than 6 weeks postpartum – 2  Between 6 weeks and 6 months postpartum – 1  More than 6 months postpartum – 1 |

1 = a condition for which there is no restriction for the use of the contraceptive method

2 = a condition for which the advantages of using the method generally outweigh the theoretical or proven risks

3 = a condition for which the theoretical or proven risks usually outweigh the advantages of using the method

4 = a condition that represents an unacceptable health risk if the contraceptive method is used.[[7]](#endnote-7)

1. U.S. Department of Health and Human Services, Center for Disease Control and Prevention. “U.S. Selected Practice Recommendations for Contraceptive Use, 2013: Adapted from the World Health Organization Selected Practice Recommendations for Contraceptive Use, 2nd Edition,” *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report*. 62. 2013. <http://www.cdc.gov/mmwr/pdf/rr/rr62e0614.pdf>. Accessed July 27, 2016. [↑](#endnote-ref-1)
2. The American College of Obstetricians and Gynecologists. “Committee Opinion,” *The American Congress of Obstetricians and Gynecologists*. 670. 2016. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception>. Accessed July 27, 2016. [↑](#endnote-ref-2)
3. The American College of Obstetricians and Gynecologists. “Committee Opinion,” *The American Congress of Obstetricians and Gynecologists*. 670. 2016. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception>. Accessed July 27, 2016. [↑](#endnote-ref-3)
4. The American College of Obstetricians and Gynecologists. “Frequently Asked Questions Contraception: Progestin-Only Hormonal Birth Control: Pill and Injection,” *The American Congress of Obstetricians and Gynecologists*. 186. 2014. <http://www.acog.org/Patients/FAQs/Progestin-Only-Hormonal-Birth-Control-Pill-and-Injection>. Accessed July 27, 2016. [↑](#endnote-ref-4)
5. The American College of Obstetricians and Gynecologists. “Committee Opinion,” *The American Congress of Obstetricians and Gynecologists*. 670. 2016. <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Immediate-Postpartum-Long-Acting-Reversible-Contraception>. Accessed July 27, 2016. [↑](#endnote-ref-5)
6. The American College of Obstetricians and Gynecologists. “Frequently Asked Questions Contraception: Combined Hormonal Birth Control: Pill, Patch, Ring,” *The American Congress of Obstetricians and Gynecologists*. 185. 2014. <http://www.acog.org/Patients/FAQs/Combined-Hormonal-Birth-Control-Pill-Patch-and-Ring#use>. Accessed on July 27, 2016. [↑](#endnote-ref-6)
7. World Health Organization. Medical Eligibility Criteria for Contraceptive Use, Fifth Edition, 2015. <http://apps.who.int/iris/bitstream/10665/181468/1/9789241549158_eng.pdf>. Accessed on July 26, 2016. [↑](#endnote-ref-7)