

Birth Control and Breastfeeding/Chestfeeding

There are many things to think about when choosing a form of birth control to use after baby arrives, including which methods will not affect your milk supply. Keep in mind that the effectiveness of each method depends on how it is used. 'Perfect use' means correct and consistent use. The information below is not a substitute for professional advice. Be sure to discuss your breast/chest feeding goals and birth control options with your health care provider.

85% of all unplanned pregnancies occur when NO birth control method is used.

Non-Hormonal Birth Control Methods

These methods are a good choice for those who are breast/chest feeding because they will not change your milk supply. Some methods are less effective than others and are best used together with another method.

GOOD TO USE WHILE BREAST/CHEST FEEDING



Birth Control Method	Effectiveness* P = Perfect Use T = Typical Use	Notes
Breast/Chest Feeding as Birth Control (Lactational Amenorrhea Method or LAM)	P = 98%	A natural, temporary form of birth control that may be used by those who have recently given birth and are breast/chest feeding their baby. Effective only if: 1. Your monthly periods have not returned <i>and</i> 2. Your baby is less than 6 months old <i>and</i> 3. Your baby is <i>only</i> breast/chest feeding, day and night - an occasional taste of another liquid or food is OK, but should never replace a feeding at the breast If you answer "NO" to any of these statements, begin using another method of birth control. LAM may be a good birth control choice for those who: <ul style="list-style-type: none"> • Are comfortable with natural birth control methods • Want a free or low cost birth control option • Do not have access to other birth control methods • Have cultural or religious beliefs about family planning
Cervical cap	No current data	Silicone cap inserted into the vagina. The cap fits against the cervix. Must be used with spermicidal gel. Limited availability in Canada.
Condoms (internal)	P = 95% T = 79%	Soft, loose-fitting sheath containing two flexible rings, one at each end. Inserted into the vagina before sex. Prevents sperm from entering the vagina.
Condoms (external)	P = 98% T = 82%	Thin protective barrier (latex or non-latex) that is rolled onto the erect penis. Prevents sperm from entering the vagina.
Diaphragm	No current data	Latex or silicone and nylon dome inserted into the vagina. The dome covers the cervix. When positioned properly, sperm cannot enter the cervix. Limited availability in Canada.
Intrauterine device IUD	P = 99.4% T = 99.2%	Small, T-shaped frame wrapped with copper that is inserted into the uterus by a health professional. The presence of a foreign body creates changes in the uterus that prevent pregnancy. Can remain in place for up to five years (long-acting).
Natural birth control methods	P = 95% T = 76%	These methods require time and effort to learn the correct use, and periods of abstinence (no sex). The Calendar Method cannot be used before menstrual periods start again after the birth of a baby. Examples include: Calendar Method and Symptothermal Method.
Spermicides	P = 82% T = 72%	Contain an ingredient that destroys sperm. Inserted into the vagina before intercourse. Should be used with another form of birth control. Examples include: cream (only for use with diaphragm), gel, foam, film or suppository.
Sponge	P = 80% T = 76%	Soft, disposable device that contains spermicide. The sponge fits over the cervix. It traps and absorbs sperm. Effectiveness higher in those who have not had a baby.
Sterilization Tubal ligation or occlusion	Varies	Permanent surgical procedure. The tubes that carry eggs to the uterus are blocked, clipped, burned or removed. Although highly effective, failures do occur. Effectiveness varies with technique used.
Sterilization Vasectomy	P = 98% T = 98%	Permanent surgical procedure to close or block the tubes that carry sperm to the penis.
Withdrawal "Pulling out"	T = 78%	Penis is removed from the vagina and away from the external genitalia of the partner before ejaculation. Withdrawal is a risky method.

* Source: www.sexandu.ca

Hormonal Birth Control Methods (Progestin-only)

The hormone progestin is less likely to cause a decrease in milk supply than estrogen. There is usually no effect on milk supply if breast/chest feeding is well established, by about 4-6 weeks after baby is born.

USUALLY OK WHILE
BREAST/CHEST
FEEDING



Birth Control Method	Effectiveness* P = Perfect Use T = Typical Use	Notes
Injectable Contraception "The shot"	P = 99.8% T = 94%	A hormone injection given every three months (long-acting). Contains the hormone progestin which prevents the ovaries from releasing an egg and thickens cervical mucous.
Intrauterine System IUS	P = 99.8% T = 99.8%	Small, T-shaped device inserted into the uterus by a health professional. Slowly releases small amount of progestin-like hormone. Changes lining of the uterus and thickens cervical mucus. May prevent release of egg. Can remain in place for up to five years (long-acting).
Progestin-only pill "POP"	P = 99.7% T = 91%	Pills containing the hormone progestin must be taken every day at the same time. May stop egg from being released from the ovary, thickens cervical mucus and changes the lining of the uterus. The "POP" is recommended over the other progestin-only methods because pills can easily be stopped and another method chosen if breastmilk supply is affected.

* Source: www.sexandu.ca

Hormonal Birth Control Methods - Combined (Estrogen and Progestin)

These methods of birth control contain the hormone estrogen. They are not recommended for those who are breast/chest feeding babies that are less than six months old†. This is because there is a connection between estrogen and reduced milk supply.

DO NOT USE WHILE
BREAST/CHEST
FEEDING†



Birth Control Method	Effectiveness* P = Perfect Use T = Typical Use	Notes
Combined oral contraceptives "The pill"	P = 99.7% T = 91%	Pills contain the hormones estrogen and progestin. Prevent ovary from releasing an egg, thicken cervical mucous, and change the lining of the uterus. Pills are taken every day for three weeks, followed by a pill-free week or a week of placebo pills.
Contraceptive patch "The patch"	P = 99.7% T = 91%	A patch that slowly releases hormones (estrogen and progestin) through the skin. A new patch is applied once a week for three weeks, followed by one week without a patch.
Vaginal ring "The ring"	P = 99.7% T = 91%	A flexible ring that is inserted into the vagina for three weeks, then removed for one week. Releases a continuous dose of hormones (estrogen and progestin).

* Source: www.sexandu.ca

To learn more about breast/chest feeding and birth control, including the advantages and disadvantages of each method, contact a public health nurse from the lactation program at (807) 625-8827 or toll-free 1-888-294-6630, Monday to Friday from 8:30 a.m. to 4:30 p.m. Or connect with us by email at lactation@tbdhu.com.

To set up an appointment or for any questions related to sexual health services available at the Thunder Bay District Health Unit, contact us at (807) 625-5976 or toll free 1-888-294-6630, Monday to Friday from 8:30 a.m. to 4:30 p.m.